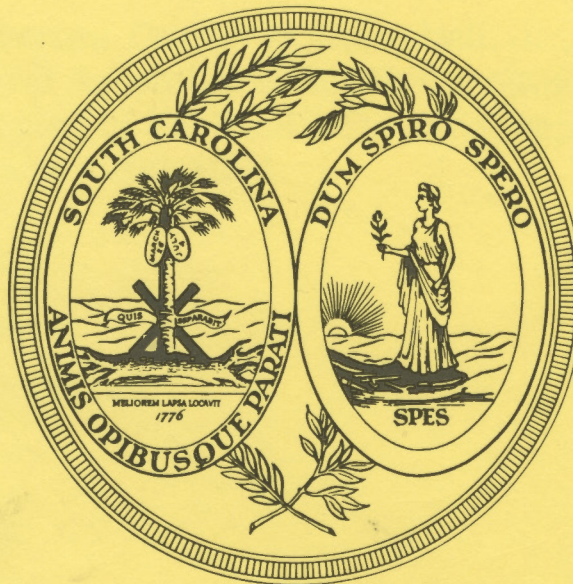


W5283

1.991

Copy 3

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH



ANNUAL REPORT 1990-1991

Printed Under The Direction Of The
State Budget And Control Board



South Carolina
Department of
Mental Health

Commissioner's Office
2414 Bull Street/P.O. Box 485
Columbia, SC 29202
(803) 734-7780
Information: (803) 734-7766

Joseph J. Bevilacqua, Ph.D.
State Commissioner

October 22, 1991

To his Excellency Governor Carroll A. Campbell, Jr., and the Honorable Members of the General Assembly of South Carolina, transmitted herewith is the Annual Report of the South Carolina Department of Mental Health for the fiscal year 1990-1991.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Joseph J. Bevilacqua".

Joseph J. Bevilacqua, Ph.D.
State Commissioner

Enclosure

MENTAL HEALTH COMMISSION:

Richard K. Harding, M.D., Chairman, Columbia
C. Alex Harvin, Jr., Vice-Chairman, Summerton
Elaine T. Freeman, Spartanburg

E.A. Hall, Jr., Columbia
Ernest E. Harill, Greenville
Louise R. Hassenplug, Rock Hill

John P. Linton, Esq., Charleston

TABLE OF CONTENTS

Introduction	2
Office of the State Commissioner	3
Agency Outcome Indicators	8
Division of Administrative Services	13
Division of Financial Services	15
Office of Communications	16
Office of General Counsel	19
Office of Human Resource Services	19
Office of Internal Audit	20
Office of Public Safety	21
Office of Quality Assurance	21
Division of Clinical Services	
Services for Children, Adolescents and Their Families	22
Services for Developmental Disabilities; Alcohol and Drug	24
Services for Elderly/Long Term Care	25
Community Mental Health Services	
Aiken-Barnwell Mental Health Center	27
Anderson-Oconee-Pickens Mental Health Center	29
Beckman Center for Mental Health Services	30
Berkeley Mental Health Center	32
Catawba Mental Health Center	34
Charleston Area Mental Health	36
Coastal Empire Mental Health Center	38
Columbia Area Mental Health Center	41
Greenville Mental Health Center	43
Lexington County Mental Health Center	45
Orangeburg Area Mental Health Center	47
Pee Dee Mental Health Center	49
Piedmont Center for Mental Health Services	51
Santee-Wateree Mental Health Center	53
Spartanburg Area Mental Health Center	56
Tri-County Mental Health Center	57
Waccamaw Center for Mental Health	59
Inpatient Services	
Bryan Hospital (G. Werber Bryan Psychiatric Hospital)	61
Byrnes Medical Center (James F. Byrnes Medical Center)	62
Campbell Veterans Home (Richard Michael Campbell Veterans Nursing Home)..	63
Crafts-Farrow State Hospital	63
Dowdy-Gardner Nursing Care Center	65
Hall Institute (William S. Hall Psychiatric Institute)	66
Harris Hospital (Patrick B. Harris Psychiatric Hospital)	68
Morris Village(Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center)	69
South Carolina State Hospital	71
Tucker Center (C.M. Tucker Jr. Human Resources Center)	72
Financial Statement, Expenditures	74
Organizational Chart, Executive Staff, Graphs and Statistics	75 - 91

INTRODUCTION

The South Carolina Department of Mental Health's mission is to provide services for people who suffer from mental illness—services that build on the strengths of each person, provide them an opportunity to improve their quality of life and attain a comfortable level of independence in their community.

The agency provides treatment, consultation and education services to people and their families who suffer from either—

- * a serious mental illness;
- * a significant inability to cope with the daily stresses of life; or
- * alcoholism and drug addiction or both mental illness and mental retardation--and
- * to elderly persons who are both mentally and physically handicapped.

South Carolina is divided into 17 geographical areas called catchment or service areas. Each area has a comprehensive mental health center.

Each center is governed by a local administrative board that operates within policies and guidelines set by the department. These centers serve the state's 46 counties through 17 main facilities and a network of clinics and outreach programs.

Community mental health centers are the entry point into South Carolina's mental health system.

When a community mental health center's resources cannot meet a patient's needs, the center refers that patient to one of the department's 10 inpatient facilities.

The South Carolina Department of Mental Health is governed by the seven members of the S.C. Mental Health Commission. These commission members are appointed for five-year terms by the governor, with the advice and consent of the South Carolina state senate.

Office of the State Commissioner

The South Carolina Department of Mental Health is in the midst of a major transition. The agency is focusing its efforts on delivering services to people with serious mental illnesses as close to home as possible, rather than disrupting their lives by sending them to large, central hospitals miles away from home.

Most people disabled by a persistent mental illness are capable of living in their own communities if they have supportive, locally based programs available to help them. At this time, there aren't enough of these kinds of programs in South Carolina.

Achieving this transition has been the agency's main focus this year and will continue to be its primary goal for years to come.

Many of this year's accomplishments, such as the establishment of the South Carolina Mental Health Partnership and the South Carolina Public-Academic Mental Health Consortium, reflect this effort to build a comprehensive community-based system of care.

Following are major FY 90-91 accomplishments:

- * Transition--The Transition Leadership Council, a 22-member task force formed in spring 1989 to help the Department of Mental Health develop a community-based system of care, presented its report to the Mental Health Commission in November 1990 after 16 months of study.

The council issued six major recommendations designed to help the department build a community-based system of care and reduce its dependency on centrally located, long-term care psychiatric hospitals.

Most of the recommendations were things the department could do without legislative approval, such as creating a joint management council to implement the transition to local care. This recommendation was carried out in February 1991 when the commissioner appointed a 21-member Transition Council.

As council chairman, the commissioner charged this transition management group with implementing the recommendations of the Transition Leadership Council.

Members of the Transition Council met for the first in February 1991. They were given responsibility for developing objectives and strategies designed to achieve the goals outlined by the TLC in its final report.

One of the key conclusions of the 1990 TLC report was not to build new hospitals to replace S.C. State Hospital and Crafts-Farrow State Hospital, but rather to invest first in developing an array of services within communities so people with mental illness can be treated as close to home as possible. This would include having local general hospitals provide acute care for people with mental illness. It would also mean having emer-

gency and crisis care services available 24 hours a day, seven days a week.

Residential services and other supportive services—such as employment assistance, basic health care, transportation and family assistance—would be developed and made available in local communities for people with mental illnesses.

With these services in place over the next four to five years, patient traffic to Columbia should diminish significantly, and the census in DMH's Columbia psychiatric hospitals should be considerably reduced.

After this community development experience, the department would be in a better position to determine the type and size of central facility that would be needed.

The Transition Council, which will implement the recommendations of the TLC, identified four themes or categories around which to center its work for the next few years: education, training, recruitment and retention of employees; financial issues; client services; and information and evaluation.

* **Housing and Homelessness**—In 1989, the State Plan Task Force published a five-year plan on housing and homelessness, outlining policy and goals for these two topics.

In 1990, four housing development grants were awarded to develop housing for 43 people in four cities. Additionally, four houses on SCDMH property were donated to a local housing development partner, Residential Resources, which sold them and will use the proceeds for housing development for department clients.

In 1991, planning and grant writing contracts were awarded to 17 non-profit organizations across the state to enable them to seek federal funding for housing development in partnership with DMH.

Also, DMH was awarded a contract from the National Association of Mental Health Program Directors to implement a consumer housing needs and preference survey. This survey will be accomplished through a contract with SHARE, a consumer organization.

In addition to the department's efforts to address housing and homelessness, the state General Assembly created a 16-member task force to study homelessness in South Carolina. The task force, chaired by the state mental health commissioner, met for the first time in February 1991.

The committee issued an interim report to the General Assembly in May 1991 and will submit its final report in Spring 1992.

The committee is developing data and policy, law and fund-

ing recommendations designed to deal with the problems of people who are homeless. These recommendations will be submitted to the legislature.

- * **South Carolina Mental Health Partnership**—The South Carolina Mental Health Partnership was established in 1990. Partnership participants include the United Way of South Carolina, South Carolina SHARE, the Mental Health Association in South Carolina, the South Carolina Alliance for the Mentally Ill and SCDMH.

The partnership's mission is to enlarge the capacity of South Carolina citizens with emotional or mental illnesses to secure appropriate community-based services and to access other resources such as housing and jobs; to contribute to fuller public understanding of, and more responsive state public policy for, the mental illnesses, those who suffer from these illnesses and their families; and to sustain an ongoing, effective partnership in mental health.

In June 1991, the board of the partnership voted to proceed with the establishment of a foundation to be called the South Carolina Fund for Mental Health.

This action is in keeping with the partnership's mission statement to "support with funding the mental health needs of the people of South Carolina, with emphasis on innovative services and research initiatives, which enable independence within the community."

- * **South Carolina Public-Academic Mental Health Consortium**—Thirteen academic programs from seven South Carolina colleges and universities that prepare people for work in public mental health established the S.C. Public-Academic Mental Health Consortium Nov. 26, 1990.

Members include representatives of these academic programs as well as representatives of consumer and advocacy organizations, the South Carolina Area Health Education Consortium and the Department of Mental Health.

The consortium's mission is to foster collaborations that will improve public mental health services. The consortium will help ensure that future graduates will possess the knowledge, skills, attitudes and abilities to work in the public mental health system and that research will be accomplished that will benefit the public mental health system.

- * **Richard Michael Campbell Veterans Nursing Home**—The Richard Michael Campbell Veterans Nursing Home in Anderson was dedicated Nov. 14, 1990 and received its first patients in March 1991.

The S.C. Mental Health Commission named the 220-bed

skilled nursing care facility in honor of Army Sgt. Richard Michael Campbell, who was killed in action in Vietnam May 7, 1968. Sgt. Campbell, born July 16, 1947, was the son of Carrol A. Campbell Sr. and Anne W. Campbell and the brother of Governor Campbell and sisters Anne, Mary and Elizabeth.

Sgt. Campbell was awarded the Bronze Star, the Purple Heart, the National Defense Medal, the Efficiency Honor and the Fidelity Medal.

Construction on the \$10 million nursing home began in November 1988. The facility accepts veterans who are South Carolina citizens and who meet other eligibility requirements. Two 44-bed units were opened by May 1991.

- * DMH's national teleconferences—The S. C. Department of Mental Health sponsored three national teleconferences on mental health issues that were broadcast via S.C. Educational Television to mental health departments throughout the United States.

The first teleconference dealt with mental health services for children and adolescents. The second addressed consumer and family issues and the final one was on violence and the mentally ill.

Mental health commissioners from several states served as panelists for the teleconferences. Commissioners viewing the teleconferences from throughout the United States were able to participate by calling in questions to the panelists.

- * Patients' Rights Bill—The S.C. General Assembly passed legislation in its 1991 session that brought into one chapter all the statutes that relate to the rights of individuals with mental illness.

Supported by the S.C. Protection and Advocacy System for the Handicapped, the Mental Health Association in South Carolina, the S.C. Alliance for the Mentally Ill, S.C. SHARE and the S.C. Department of Mental Health, this unified approach put into the S.C. Code of Laws the standards under which the department has been operating and enacted a number of new statutes.

Some of the new statutes were merely reenactments, with minor changes, of existing laws addressing patients' rights. However, some created, for the first time, very specific requirements department staff must meet in providing services to psychiatric and drug and alcohol abuse patients. For example, one section requires that a treatment plan will be established for each patient within 10 days of their admission.

One section created a privilege in communications between

patients and mental health professionals, and another amends the existing laws regarding confidentiality of patient records.

Office of the Commissioner goals for FY 91-92 include:

- * People with serious mental illness will receive needed services as close to home as possible through South Carolina's community mental health centers--Improvements will be made in the Department's continuity of care and discharge planning process as evidenced by the results of three quarterly audits conducted by each CMHC.

A random statewide audit will evaluate how well information is being exchanged between CMHC's and inpatient facilities; whether follow-up appointments are scheduled with CMHC's; and if they are not scheduled, then why not.

- * Services that are beyond the capacity of individual community mental health centers will be developed by two or more centers on a regional basis or provided in a central facility.

The Department will complete a feasibility study to create regional hospital capacity in the low-country by the end of the fiscal year.

- * Existing funds will be reallocated as patient care is shifted from central facilities to local communities--The Department will implement a plan to transfer patients and staff from South Carolina State Hospital to community-based programs which will result in 35 patients being discharged to the community in the Columbia and Lexington service area. Wherever possible, excess staff generated at SCSH will be transferred to community positions.

- * New funds will be sought to increase the capacity of communities across the state to meet the needs of people with mental illness--Community programs will remain a priority in the Department's FY 93 budget request.

Employment opportunities for DMH clients in the public and private sector will be increased over the current 103 by a minimum of 10.

The number of Employment Specialists and/or Job Coaches in CMHC's will be increased by a minimum of five.

The Department will submit a minimum of 20 applications for alternative housing during this fiscal year. If all are approved, this will involve in excess of 250 additional units.

- * The following groups will be given priority for services:
Adults with serious mental illness; children and adolescents who are seriously emotionally disturbed; seriously mentally ill people with special needs, such as alcohol and drug abuse problems, mental retardation, and involvement with the crimi-

nal justice system.

Children's services will be the first priority for the Department during this fiscal year.

The Department will be a major sponsor for a "Kids' Caucus" to be held in February 1992.

The Department will open two day-treatment programs for children during this rating period.

- * Mental health professionals who work in South Carolina's public mental health system will be well prepared to provide the range of services needed. All training will be designed to be sensitive to the needs of minority clients and families.

The Hall Institute will hire an Associate Director for Children and Adolescent Services to further develop training for child mental health services.

The Department will establish a research rotation for USC's Medical School which will provide training for an Administrative Psychiatric Fellow.

A new program for Public Psychiatry Training will be developed by the Hall Institute during this fiscal year.

A Mental Health Systems Research Program will be developed at the Hall Institute during this fiscal year.

The Department will plan, implement, and evaluate three experimental training sessions for Public Academic Mental Health Consortium members and identified faculty during this rating period.

Agency Outcome Indicators

In 1987, DMH initiated a statewide planning and evaluation process to design, implement and evaluate a community-based system of mental health services with emphasis on adults with severe and persistent mental illness and children and adolescents with moderate to severe emotional disturbances.

DMH established a State Planning Council to write a state plan and to update this plan annually. In January 1989, the Planning Council published the state plan, the DMH "Vision for the Future," and 15 companion program plans for each target population.

The state plan originally established 10 major goals to be accomplished by June 1992.

In 1990, the Planning Council added three additional goals. By June 30, 1991, 11 of the 13 goals set by the State Planning Council had already been met and progress had been made on the remaining two.

Summary of Progress:

- * Since 1987, the budget for community mental health centers has grown from \$35.6 million to \$66.6 million, an increase of

87 percent. In 1991 DMH absorbed significant state fund reductions with minimal impact on community programs.

- * DMH has implemented the core community programs required in its 1986 settlement agreement with the U.S. Justice Department. The number of adults with serious mental illness served by community mental health centers has risen from 8,500 in FY 88 to 18,467 in FY 91, an increase of 117 percent. The number of children with serious emotional disorders served by community centers has grown at an even greater rate, from 3,353 in FY 88 to 7,838 in FY 91, an increase of 134 percent.
- * Since 1987, the average census at DMH's nine inpatient facilities has decreased from 3,241 to 2,646, a decrease of 22 percent. Currently, 95 percent of psychiatric admissions to DMH hospitals are screened by local community mental health centers as compared to only 77 percent in 1987.

In summary, DMH has substantially implemented the FY 91-92 goals the Planning Council established. The agency has met 11 of the 13 goals. The two goals that have not been met are:

- * In FY 91-92, expand the emergency services program to result in 1993 in 98 percent of inpatient admissions screened by community mental health centers, an admission rate of 15/10,000 population and an annual psychiatric census rate of 3.7/10,000.
- * In FY 91-93, expand the intensive case management program for individuals with serious mental illness identified as most in need and substantial users of funds to a staff/client ratio of 1:20 based upon fund availability.

Revised Goals:

- * In 1991, a new Planning Council was formed. The council agreed that during the next three to five years, a great deal must be done to increase community services. The council rewrote the agency's goals, establishing six broad goals with 30 specific objectives, or targets. These six goals are the same goals recommended by the DMH Transition Leadership Council, a group that came together in 1989 and 1990 and held public forums across the state to discuss an expanded community mental health system for adults and children.
- * The 30 objectives/targets include the two goals from the original state plan that were not met as well as the new targets set for 1994.
- * DMH should be able to fully implement the revised goals targeted for completion in FY 92, unless the ongoing state budget crisis makes it economically impossible to achieve those goals.

Following are the Planning Council's revised goals and targets:

- * People with serious mental illness will receive needed services as close to home as possible through South Carolina's community mental health centers.

Objectives/Targets

- a. FY 92-94, continue to expand efforts on quality of care and other evaluation issues system-wide. Emphasis will be given to continuity of care efforts currently ongoing (e.g. discharge planning and follow up community treatment)
- b. FY 92-94, continue the efforts on governance and coordination with community mental health center (CMHC) boards
- c. FY 92-94, develop, implement clinical program standards
- d. in FY 92-94, expand the emergency services program for adults to result by 1994 in 98 percent of inpatient admissions screened by CMHC, an admission rate of 15/10,000 population and an annual psychiatric census rate of 3.7/10,000
- e. by FY 93, increase the availability of crisis stabilization services for children and adolescents in local communities
- f. during FY 92, continue to reduce the number of out-of-state residential placements for children and adolescents
- g. in FY 92-94, have at least one CMHC child and adolescent mental health professional working full time in each county
- h. expand the supported housing/homeless program in concert with the intensive case management program in FY 92-94. (A minimum of 4 grants written each year; each CMHC have the capacity to access housing funds; increase availability of housing by 20 percent each year.)
- i. in FY 91-93, develop and expand employment opportunities for the mentally ill; by 1993 have a full time employment specialist or job coach in each CMHC and increase the number of clients employed in the private and public sector
- j. in FY 92-94, improve the working relationship with and involvement of other specified agencies in employment of persons with mental illness (e.g. Department of Vocational Rehabilitation, Department of Social Services, and Chambers of Commerce); develop in FY 92 in conjunction with specified agencies a joint plan with specific goals for increasing employment opportunities.

- * Services that are beyond the capacity of individual community mental health centers will be developed by two or more centers on a regional basis or provided in a central facility.

Objectives/Targets

- a. by FY 94, each of DMH's four regions will have Therapeutic Foster Care, Day Treatment and Residential Treatment Programs.

- b. by FY 94, each of DMH's four regions will have two Family Preservation Programs.
- c. by FY 94, each of DMH's four regions will have a group home for adults with serious mental illness.
- * New funds will be sought to increase the capacity of communities across the state to meet the needs of people with mental illness.

Objectives/Targets

- a. in FY 92-94, continue efforts to clarify mission, educate legislators and public, advocate for funds, manage finances
- b. continue the active formal involvement of consumers, families, CMHC Board Members, staff and private citizens in budget priority setting
- c. in FY 93, establish a management information system based on the definitions of populations served and programs implemented
- d. seek to increase the number of services for persons with mental illness to be covered under the State Medicaid Plan and/or other third party mechanisms
- * Existing funds will be reallocated as patient care is shifted from central facilities to local communities.

Objectives/Targets

- a. in FY 92, develop specific strategies for reallocating funds that will provide incentives for reducing inpatient census
- b. in FY 93, implement strategy for reallocating funds
- * The following will receive service priority services: adults with serious mental illness; children and adolescents who are seriously emotionally disturbed; seriously mentally ill people with special needs, such as alcohol and drug abuse problems, mental retardation and involvement with the criminal justice system. All services will be designed to be sensitive to the needs of minority clients and their families.

Objectives/Targets

- a. in FY 92, adopt operational definitions of the populations to be served and programs to be implemented
- b. in FY 92-94, expand the intensive case management program for adults with serious mental illness identified as most in need and substantial users of funds to a staff/client ratio of 1:20 based upon fund availability
- c. in FY 92-94, develop and begin expansion of services for minorities and rural areas, consultation and education, and active primary consumer activities to plan, develop education, and be involved in the operation of programs and services
- d. beginning in FY 93, increase the percentage of CMHC caseload of psychiatrically disabled by 5 percent each year

e. beginning in FY 93, increase the percentage of total CMHC caseloads statewide of children who are emotionally or behaviorally impaired by 5 percent each year

- * Mental health professionals who work in South Carolina's public mental health system will be well prepared to provide the range of services needed. All training will be designed to be sensitive to the needs of minority clients and families.

Objectives/Targets

a. assure the availability of a work force who are prepared and motivated to meet the objectives of the Transition Council with special emphasis on the recruitment and retention of highly trained mental health professionals

b. continue to expand staff training programs to emphasize the needs of mentally ill persons in local communities—

Training will be made available at the local or regional level when feasible.

c. design and provide a series of experiences for faculty, students, residents and mental health professionals which will provide them with the basic knowledge and skills that are essential to the development of an effective public mental health system

d. in FY 92-94, develop and implement training for clinical staff in treating clients who are dually diagnosed with mental illness and substance abuse

e. in FY 92-94, pursue the development of a children and adolescent mental health continuing education training curriculum

f. in FY 92-94, emphasis will be given to establishing positions at all organization levels in which consumers can be employed as consumer affairs coordinators to represent the concerns of consumers and families to DMH management and boards.

Division of Administrative Services

Departmental Service Operations

These operations are comprised of six sections - warehouse, fixed assets, forms supply, Columbia cluster supply, northeast cluster supply and inventory control.

Responsibilities include ordering, stocking and issuing supplies, and also technical supervision of eight facility supply points and 23 property control points for major movable equipment.

This branch also maintains records and monitors the property of the Division of Community Mental Health, which encompasses 17 mental health centers with 115 satellite offices and seven autistic children's facilities.

Some goals for FY 90-91 were:

- * get an online system, using terminals to input rather than the manual system of card-marking in Columbia cluster supply
- * change the procedure in the fixed assets section so that facilities process their own equipment transfers within their facility
- * begin stocking supplies for physical plant services in Columbia cluster supply.

Major highlights of the fiscal year operations included:

- * input of transactions through computer terminals in every storage point except for Bryan Hospital and Tucker Center
- * Facilities process their own internal transfers of equipment.
- * Columbia cluster supply has most of its shelving in place and will soon begin receiving, stocking and issuing supplies for physical plant services.
- * Departmental service operations has direct control over all stores that receive stock from vendors. Their receipts, issues and number of units issued for the year are as follows:

Store O

Receipts	\$3,857,657.33
Issues	\$3,633,870.26
# Units Issued	9,460,322

Store 4

Receipts	\$1,630,126.88
Issues	\$1,591,388.72
# Units Issued	1,656,937

Store 8

Receipts	\$ 260,176.32
Issues	\$271,640.11
# Units Issued	21,651,122

Store 21

Receipts	\$ 58,181.68
Issues	\$ 49,081.19
# Units Issued	15,439

Store 22

Receipts	\$ 96,525.79
Issues	\$ 74,171.36
#Units Issued	30,798

Comparison of total issues versus total receipts indicates inventory control and turnover objectives are being met.

Disposal of salvage/surplus equipment and scrap during FY 90-91 amounted to:

State surplus sale of vehicles

Total Sales - \$12,504.75

Cost of Sales - \$ 2,266.33

Net Proceeds - \$10,238.42

State surplus sale of surplus equipment

Total Sales - \$12,269.69

Cost of Sales - \$ 5,591.80

Net Proceeds - \$ 6,677.89

DMH Bid Sales - \$ 9,377.32

Scrap Silver - \$ 1,399.02

Scrap Rags - \$ 179.75

Scrap Cans - \$ 18.48

Scrap Fat, Grease,

Bones, etc. - \$ 444.62

Goals for FY 91-92:

- * include Bryan Hospital and Tucker Center in the list of those using terminals to process supply transactions. Presently, we are using a batch system that updates transactions weekly, but we hope to get an online system that would update as the transactions are entered.
- * begin a supply system for physical plant services that would serve their total supply needs
- * update the fixed assets equipment class catalog.

Physical Plant Services

Physical plant services had many significant achievements during the FY 90-91.

A number of inpatient facilities have undergone interior changes. Included are Byrnes Medical Center with a major renovation, Crafts-Farrow State Hospital buildings, Morris Village cottages and infirmary with renovations to comply with DHEC regulations and a major retrofit at the Stone Pavilion of Tucker Center.

Community mental health centers are experiencing many significant changes with physical plant service engineers managing several new building projects in various areas of the state. Berkeley County Mental Health Center, a 15,000 square foot facility, is now under construction in Moncks Corner.

Others in various stages of design are Tri-County in Bennettsville, Waccamaw in Myrtle Beach, and several small satel-

lite facilities in Orangeburg County and in the Coastal Empire. Columbia Area Mental Health Center began managing the Center for Independent Living during this year, and a physical plant services in-house construction unit is engaged in the final stages of a major renovation for the apartments in this area.

Physical plant services' major goals for the next fiscal year are the timely completion of these various projects and a rededication to providing quality maintenance to all the facilities it now serves.

Nutritional Services

For nutritional services, FY 90-91 included many changes.

Portions of the Computrition operation have successfully begun. The nutritionists use the analysis program, and employees in the ingredient control room are successfully operating the computer. The recipes are being entered, and a goal has been set for entering the new menus.

Newly purchased equipment has enhanced nutritional services operations. Also, some of the large equipment have received extensive and costly repair.

The Tucker Center medical records committee has provisionally adopted nutritional services' revised nutritional assessment form. The form incorporates both nutritional assessment and progress notes into a more concise, comprehensive and consistent format.

After pilot-testing at Tucker Center, the form will be presented to DMH medical records review committee for use throughout all DMH facilities.

With the help of Fred Hobbs, DMH director of research and statistics, nutritional services has revised the annual food acceptance survey questionnaire.

The policy and procedure manual has been completely revised. 18. This manual is comprehensive and functional.

Surveys have gone well with all the surveying agencies. The few deficiencies received were corrected immediately.

Division of Financial Services

FY 90-91 continued to be a very good year for the Division of Financial Services. The best indication of the improvements, which have been made in this division, especially in the accounting section, was obtaining a clean financial audit for FY 89.

The procurement section has made strides to educate individuals in procurement and other areas involved in procurement.

Our plans are to continue the process by visiting and working with the centers and facilities, educating and assisting with their procurement problems.

The freeze has had an effect on all of us. It is anticipated the freeze and budget constraints will continue their effect during FY 91-92. Our goal is to work with centers and facilities on the procurement issues to assist in achieving their goals.

The patients personal affairs Medicaid outreach program has been effective in maximizing all possible revenue from Medicaid for inpatient children's services. Work is continuing with computer services toward more automation of activities to improve timeliness, where possible, in establishing patient eligibility for benefits.

Also, the community mental health center entitlement specialist program continues to increase the number of Medicaid-eligible clients served and to increase the amount of Medicaid reimbursement received by the department.

Technical assistance, i.e., training on eligibility requirements for Medicaid, Social Security, Supplemental Security Income, etc., as well as individual case consultation is provided to the centers by patients resources staff.

In addition, written billing instructions are being developed for center staff by the billing standards committee to standardize these procedures and to help maximize reimbursements from all sources, including Medicaid.

The reimbursement section's major objective is to maximize collections from all third-party payers for inpatient care.

Major goals for FY 91-92 are to automate the Medicare ledgers and provide monthly collection reports to each facility director.

The cost development section has undertaken the implementation of "Compu-Max," a computerized cost reporting system designed by KPMG Peat Marwick, Certified Public Accountants. This system will allow electronic submission of the Medicare and Medicaid cost reports.

Presently, SCDMH is required to file 18 such reports with the federal government on its facilities annually. The system is expected to be fully implemented by mid-FY 91-92.

The budget control section believes that the funded-position system used to control the number of employees hired by the Department of Mental Health has been a success. As expected, it has had some difficulties. These are primarily due to some areas not understanding how the system functions. This can and will be corrected by further training to be provided during FY 91-92.

Office of Communications

Office of communications staff published and disseminated "IMAGES," the department's bimonthly employee newsletter; "FOCUS," a bimonthly publication that focuses on new programs and successful initiatives of the department, and is mailed to

2,500 South Carolinians interested in mental health issues; "Commissioner's Update," a bi-monthly update on significant issues facing the department; "Newslines," a composite of statewide news articles distributed weekly to internal management; "DMH Weekly Bulletin," distributed to administration employees; "1990 Annual Report," a brochure that captures in short statements the major accomplishments of the department during 89-90; the "Fact Sheet" and "Important Dates in Mental Health History," two publications that offer information about the department in capsulated form; and 24 news releases.

The office played a major role in disseminating information during the Persian Gulf War.

In cooperation with WIS-TV, Channel 10, Columbia, the office printed a map of the Persian Gulf area, produced a public service announcement about the stresses of war, and developed a brochure "Coping with the Stresses of War." A total of 20,000 maps and brochures were distributed to South Carolinians through WIS-TV, the office of communications, community mental health centers and public libraries.

Toward the end of the conflict, the office produced a brochure, "War: The Healing Process," which was distributed to support-groups across the state.

The volunteer program for FY 90-91 reflected increasing creativity on the part of staff as they recruited and placed new volunteers. National trends, including the increased utilization of the "After 5" volunteer and one-time volunteer projects, were also evident in DMH programs.

More than 6,211 volunteers provided services during FY 90-91, with a total of 101,155.75 hours. The value to the agency was more than \$1,545,544.

Integration with the goals of the Transition Council continued, and programs involving the community in volunteer positions to support the move toward local care were given high priority. However, the lack of full-time volunteer coordinators to implement these goals continued to hinder program development.

A revised directive on volunteerism broadened the scope of volunteer programs including fund raising. It is expected to provide increased accountability and even more momentum for community involvement.

At the beginning of the fiscal year, the office of communications set the following goals:

- * in cooperation with mental health advocacy groups, develop informational materials to educate the public about mental illness and mental health
- * plan and host the National Association of Mental Health Infor-

mation Officers annual institute in September 1991

- * develop and implement a public information campaign to celebrate May Is Mental Health Month
- * continue to improve the quality of writing, editing, layout and design of departmental publications

Regarding goal one, the office developed cards with information on the following subjects: depression; schizophrenia; teen suicide; adolescent development; coping with stress; DMH's mission and guiding principles; mental health professions; and the DMH speakers program. Also, staff sought forums for its speakers program. Teams, consisting of one DMH staff person along with an advocate or consumer, spoke to various civic and professional groups.

Regarding goal two, plans are being developed to host the National Association of Mental Health Information Officers annual institute in Columbia in September. Registration materials were mailed out in June, with a registration deadline of Aug. 12. Approximately 80 people are expected to attend.

Regarding goal three, the office implemented the "Get the Facts" campaign with two basic themes: virtually anyone can become mentally ill; and, with appropriate treatment, people with a mental illness can get better and lead productive lives.

The office wrote and produced two public service announcements (three versions of each—one 30-second, one 20-second and one 10-second) and distributed them to television stations throughout the state. These announcements not only emphasized the themes of the "Get the Facts" campaign, but also announced the department's 1-800 number, a clearing house for information about mental illness and how to access the services offered by the department. A communications staff person answers this number.

Regarding goal four, staff attended various continuing education workshops and seminars. Staff gained national recognition through the National Association of Mental Health Information Officers media competition, taking first place honors for its two newsletters and feature writing; second place for news writing and third place for poster design.

Goals for FY 91-92 include:

- * provide information to the public about mental illnesses and services of the Department of Mental Health
- * establish an agency-wide public awareness advisory group, consisting of center and facility staff with consultation, education and prevention (CE&P) responsibilities, to help determine and implement the agency's public awareness goals
- * provide information about the department's transition toward a community-based system of care to employees and to various public groups with an interest in mental health issues.

Office of General Counsel

Education on legal issues for the department's personnel is an important goal of the office of general counsel each year.

During FY 90-91, over 50 presentations on legal issues were made to department personnel and five presentations were made to other groups. Three attorneys made these presentations on issues including confidentiality of patient information, commitment procedures, patients' rights, employee disciplinary and grievance procedures, patients' directives regarding treatment, and other issues.

The office of general counsel was involved in the development of legislation that was passed during the 1991 session of the General Assembly, including patients' rights legislation, children's commitment, and legislation reducing the time between admission and probate court hearing.

An attorney attended most of the meetings of the Citizens Panel of the Mental Health/Mental Retardation Committee to provide the panel information on the current mental health laws.

Office of Human Resource Services

The following goals were accomplished by the Office of Human Resource Services in FY 90/91:

- * employee assistance program assisted over 600 employees
- * assisted in the establishment of the S.C. Public-Academic Mental Health Consortium
- * developed and implemented a one-day, system-wide orientation program for new employees
- * developed and implemented a core clinical skills curriculum (six days for new clinical employees)
- * continued the case management training program (nine days for all case managers) and implemented on a regional basis
- * developed a community mental health center board training manual and conducted training (one day for new community mental health center board members)
- * established the SCDMH Leadership Academy
- * began developing a physician's continuing education program
- * developed a cross cultural training program
- * developed a family preservation program training manual
- * restructured mental health specialists basic training program
- * began coordinating training with other service agencies
- * coordinated the broadcast of three nationally televised conferences for the state mental health program directors and their staff ("Mental Health Services to Children and Adolescents," "Empowerment of Consumers in Mental Health," and "Violence and the Mentally Ill")
- * certified 32 community mental health service staff members to

train employees in their respective centers on "The Prevention and Management of Aggressive Behavior"

- * developed a recruitment videotape
- * sponsored a one-day "Celebrate Nursing" conference as a retention tool
- * implemented a strength testing program for employees returning to work after injury
- * continued establishment of the Southern Human Resource Development Consortium for Mental Health
- * implemented a new employee grievance system.

Major goals for FY 91/92 include:

- * continue the feasibility study for a pilot employee day care center to assist in recruitment and retention;
- * continue development of a cooperative education program with the University of South Carolina College of Nursing;
- * continue development of a mental health careers program for presentation to high school and college students;
- * continue to expand the staff training program with emphasis on physicians and case managers. Other clinical staff will also have training opportunities as needed. Training will be made available at the local or regional level when feasible.
- * provide a series of focused educational experiences for faculty, students, residents and mental health professionals to convey the basic knowledge and skills that are essential to the development of an effective public mental health system.

Office of Internal Audit

With limited resources, the office of internal audit continued to assist members of management and the commission in the effective discharge of their responsibilities. To this end, the audit staff provided them with analyses, recommendations, counsel and information concerning activities reviewed.

Operational audit services were provided to the 17 community mental health centers as needed. Audits were provided for the accounting department, the administrative services department, the payroll/timekeeping function, the pre-admission screening function, and human resource services department.

Audit services were also provided for the central warehouse, the five pharmacies and the four canteen operations.

As a result, numerous recommendations were implemented to strengthen internal accounting and administrative controls at the department.

Quarterly meetings continued to be held with the commission audit committee to discuss and report significant findings and recommendations articulated in audit reports. This form of report-

ing continued to be essential in maintaining and enhancing the independence of the audit function.

No significant changes in the charter of the audit office were made during the fiscal year.

Audits continued to be conducted under the two-year audit plan, in addition, several unplanned projects were completed in response to the changing needs of the department.

Designated goals for next fiscal year will include facility audits and contract reviews.

Office of Public Safety

During the past year, public safety continued to provide a safe work environment with minimum staffing throughout in-patient facilities.

Through the help and assistance of the State Law Enforcement Division, we are on line with the National Crime Information Computer System, which allows the exchange of information of mutual concern with state and national law enforcement agencies. This system has greatly benefited our ability to locate individuals who have left without permission.

Our department is actively involved in the continuing training and certification processes required of law enforcement, as well as courses offered by the DMH to improve response and reaction to unusual situations involving the mentally ill.

Office of Quality Assurance

The Office of Quality Assurance-Standards, Advocacy and Monitoring (QA-SAM), which began with the commissioner's reorganization near the end of 1986, began its fifth year in January 1991.

Its goal has been to implement a comprehensive, continuous quality improvement process that has a definite impact on patient care system-wide.

To be successful, the continuous quality improvement mind-set must permeate all levels and functions from the commissioner to the front-line care giver; from the budget analyst to the food server.

The department has continuously progressed toward this objective with increasing momentum each year.

This continuous quality improvement (CQI) process looks at every adverse incident system-wide as an opportunity for improvement. Each adverse event is reviewed locally (center and facility) and centrally (QA-SAM and the division of clinical services) for corrective action potential and is studied for revealing trends.

Each significant event and perceived systems problem is studied by means of a quality care review board (QCRB) at the local level as well as by DMH central office.

Implementation of improvement recommendations are systematically tracked to resolution. Each facility and center is surveyed annually by a QA-SAM team with the help of guest peer reviewers.

A comprehensive report is written and corrective action recommendations are responded to by the surveyed facility and center.

External advocates review adverse incident summaries and are invited to participate in QCRBs. QA-SAM's internal advocates assure a comprehensive patient rights process at all facilities and centers.

A continuous quality improvement process is only as good as its impact.

Some examples of that impact are: a comprehensive decubitus ulcer treatment and prevention protocol that has drastically reduced the mortality and morbidity of this malady; an average of 100 QCRBs each year with numerous local and system-wide improvements; a marked decrease in the number of medically distressed inappropriate admissions and problematic discharges; improvements in the number, strategic location, and replenishing protocols of "emergency crash carts" with a standardization of emergency call codes; improved services for deaf patients; improved facilities and enhanced services for wheelchair patients; etc.

These examples of impact were delineated in a recently published three volume edition of QA-SAM activities and impact.

The goal for the coming year is to increase the momentum of the continuous improvement process with an increasing focus on improvement outcomes.

DIVISION OF CLINICAL SERVICES

Services for Children, Adolescents and Their Families

The ultimate goal of the Department of Mental Health is to develop a system of mental health services for children, adolescents and their families across the state that is family focused, community-based and culturally competent.

The following are major accomplishments during FY 90-91:

- * started two family preservation projects, one in Marlboro County as the direct result of the center's receiving a multi-agency grant through the Human Services Coordinating Council; and one in Florence County, which is a direct replication of the Greenville and Richland county projects, and is funded by the Department of Youth Services.
- * The CASSP Neighborhood and Schools Grant was reviewed and funded. This grant allows the department to develop an in-school education mental health program and a multi-agency, centrally located community-based service in a neighborhood of the city of Greenville. This is DMH's second CASSP grant.

- * continued to expand the array of services available to the mental health centers for crisis services to children and adolescents. This year services were available across the state, and significantly reduced admissions to the inpatient facilities.
- * held the Fifth Annual Children, Adolescents and Their Families Conference, which experienced the largest turnout to date--all child-serving agencies sent at least one representative. The theme was "High Risk Children Without A Conscience."
- * continued participation in the multi-agency shared purchase of clinical service efforts through the Children's Case Resolution System. The fewest number of children, to date, were served out of state--27 started the year in out-of-state placements. The year ended with only 14 children served out of state. The goal remains to continue to reduce the number of young people being served outside of the state to only those children for whom appropriate clinical resources are not available or cannot be developed within the state.
- * worked in concert with the Department of Social Services and the Continuum of Care to develop a statewide contract to cover all qualifying vendors in the area of therapeutic foster care and residential treatment facilities. This will greatly enhance the department's ability to appropriately match the clinical needs of a child with the most appropriate service.
- * With the Finance Commission's assistance, family preservation became a Medicaid reimbursable service, as did therapeutic foster care and some types of group residential services.
- * The Child and Adolescent Mental Health Commitment Law, which determines a child in need of mental health treatment, was passed by the General Assembly and signed into law.
- * with the direct assistance and financial support of the office of human resource development, contracted for the development of a family preservation curriculum that can be used with new workers coming on board within these programs.

Goals for FY 92-93 include the following:

- * develop, through a few community mental health centers, the first day-treatment program and work with the Finance Commission to develop day-treatment as a Medicaid reimbursable service
- * develop, in concert with community mental health centers, the department's personnel office and the office of human resource development, a plan to recruit mental health professionals trained to serve children and adolescents
- * develop a curriculum, with the assistance of the office of human resource development, to use in the continuing education of mental health professionals within the department.

Services for Persons with Developmental Disabilities

Programs for Persons with Mental Retardation:

Collaboration between the Department of Mental Health and the Department of Mental Retardation was very successful this year. Over 100 individuals from mental health facilities were transferred to facilities sponsored or operated by the Department of Mental Retardation.

The Department of Mental Health consolidated its long-term inpatient services for people with mental illness and mental retardation at a site on the Crafts-Farrow State Hospital campus.

Both agencies conducted a study of individuals admitted in calendar year 1990 to the acute care hospitals who appeared to also have mental retardation.

Findings indicated that admissions and referrals were largely appropriate; diagnoses from admission to discharge were consistent; and dual-diagnosed individuals were at risk for re-admission.

As a result, DMH will refine the referral process, improve the flow of information to more quickly establish eligibility, and concentrate on improving joint discharge planning and follow-up services to reduce re-admissions of high risk clients.

Programs for Individuals Who Are Deaf and Mentally Ill:

The inpatient unit at Harris Psychiatric Hospital is well established, and three of the four regional community positions are filled.

This latter accomplishment permitted DMH to expand services by offering consultation and treatment at community mental health centers throughout the state.

A request for proposals has been issued to establish a group home in the Charleston area for deaf individuals who are mentally ill. It should be operational this year.

Goals include filling the fourth community position, expanding residential options as resources allow, and refining the agency's clinical and cultural capacity to serve this group.

Programs for Individuals with Autism:

This program continues to be developed and refined based on a philosophy of integration.

Programs emphasizing community living, school-to-work transition and supported employment continue to focus on services for older adolescents and adults.

Consultation to school districts continues to be effective in allowing children with autism to be served in public schools. Evaluation and consultation are core services for parents of preschool age children.

Essential support services including parent training, teacher training, respite care for families and summer camp continue to be

offered.

The focus for the coming year is to increase community living and employment opportunities for clients.

Also, as clients gain independence in their living arrangements, helping them develop independent social networks apart from staff is seen as a need.

Programs for People Needing Alcohol and Drug Abuse Services:

The need for more resources and an equitable and appropriate division of responsibility between the department's community programs and the local county alcohol and drug abuse commissions continues to be a challenge in responding to the commitment law requirements affecting addicted individuals.

The Department of Mental Health and the S. C. Alcohol and Drug Abuse Commission entered into an agreement this year. Local agreements are required in which the Department continues to be responsible for screening and triage, but distinctions are now made with community-based treatment.

The department will have continuing treatment responsibility for dual-diagnosed individuals who have mental illness as a primary diagnosis. Local commissions are responsible for people who are not mentally ill or whose mental illness is a secondary diagnosis.

The state level agreement specifies areas in which further negotiations are needed, including developing community detoxification programs, improving coordination of after-hours services; developing model community-based programs for adults and children; defining a system-wide array of services such as state and local inpatient services, halfway house services, and outpatient alternatives, etc.; and improving continuity of care.

The coming year will be spent studying these issues and defining needs and capabilities to more adequately serve this population.

Services for Long-Term Care/Elderly

Accomplishments for FY 90-91:

- * developed the elderly section of the DMH state plan
- * set up and provided staff support for mental health center geriatric specialists quarterly orientation and training
- * implemented quarterly meetings of all directors of facilities serving elderly clients to increase and formalize policy review, cooperation and communications
- * provided staff support to Long Term Care Council to ensure interagency cooperation on elderly services
- * represented DMH on several Commission on Aging projects
- * initiated a group to study the Department's response to Alzheimer's Disease
- * provided consultation on elderly programs/budgets to Dowdy-

Gardner, Crafts-Farrow and Tucker Center to increase the amount of coordination and cooperation

- * designed and implemented an expanded elderly component in the Summer School of Gerontology, Lander College
- * completed and disbursed Alzheimer's Disease Day Program requests for proposals to implement several programs at the local level
- * participated in a multi-agency Alzheimer's Disease identification bracelet program with South Carolina Law Enforcement Division.

Goals and objectives for FY 91-92:

- * improve the basic and advanced level of training for geriatric specialists in each of the community mental health center to improve evaluation, consultation, treatment and follow-up services
- * increase the number of support groups for elderly clients and caregivers for home-bound care and referral services through Commission on Aging
- * support the budget request for elderly outreach teams in mental health centers to support the broader concept of Toward Local Care
- * encourage elderly persons to continue living in non-institutional settings with an improved quality of life
- * increase the number of non-crisis respite care sites and opportunities
- * encourage each of the Department's community mental health centers to include services to the elderly in their respective state plan processes
- * encourage community mental health centers to provide educational programs for families and caregivers of elderly clients.

COMMUNITY MENTAL HEALTH SERVICES

Aiken-Barnwell Mental Health Center

(Aiken and Barnwell counties)

A primary goal of the Aiken-Barnwell Mental Health Center for FY 90-91 was to maintain its current level of services. It has been able to do so with no cuts in service. Although there has been a slight decrease in the number of admissions to the center's services (-6 percent) there has been a slight increase in the average number of clients treated each month(+5 percent) suggesting that clients are being treated over a slightly longer period of time.

Although there has been an increase in the number of people being sent to the department's psychiatric hospitals (+19 percent) from its area, the center still has one of the lowest admission rates statewide to these hospitals (third lowest). Some center programs have expanded, chiefly those that will generate sufficient revenues to offset the cost of delivering the service:

Under the new service program format instituted in the area's community residential care facilities about 1 1/2 years ago, the center has significantly increased the amount of rehabilitative services that it is able to provide in those facilities. These services, together with those provided by the operations staff at those facilities, provide a much more intensive and varied treatment program to address client needs.

The employee assistance program has added three new contracts during the year, so that currently a total of almost 20,000 workers and their families are covered by this program. It assists and encourages persons at an earlier stage to seek assessment and referral to appropriate treatment services, whether that be provided through center staff or through other more appropriate community caregivers.

Under a contractual arrangement with the Aiken County School District, the center is participating in their Target 2000 parenting project in providing counseling to very needy young mothers in the project to strengthen their coping abilities and increase the likelihood of their success in raising better-adjusted children.

Another FY 91 goal was to implement a more effective psychosocial clubhouse at Chesterfield Place, based on the results of a study by a committee composed of representatives from local advocacy groups and center staff. One of the recommendations of the group was to train staff in the model used at Gateway in Greenville. This training has been received by most of the Chesterfield Place staff, and they in turn have implemented the Gateway model locally with significant positive results. Clients and staff seem very pleased with the new model, which places more respon-

sibility for planning and operation of daily activities in the hands of the clients.

The job coach program, a joint venture between the Department of Vocational Rehabilitation (DVR) and Chesterfield Place staffs, was fully implemented in FY 91. Designed to assist the seriously mentally ill to obtain supported employment, it has succeeded in placing a number of clients in paying jobs. For most of the year, the center's job coach served in Operation Desert Storm, but the DVR job coach generously extended herself to assume both job coach duty roles in order to get the program operational.

The Barnwell day treatment clubhouse program for the psychiatrically disabled, New Hope, implemented an innovative approach to developing the members' potentials and at the same time served a pressing community need—recycling.

This program involves the members' sorting aluminum cans, glass and plastic containers, and newspapers that are brought to them by the general public. Collecting, sorting and storing these materials develops teamwork, skill in relating well to the general public, organization of activities, and assertiveness. This activity, which occurs for two or three hours each day, has produced some very notable gains in members' abilities and self-esteem.

The proceeds of this project are spent on clubhouse recreational projects as designated by members. Barnwell county government is negotiating with New Hope to spearhead a county-wide recycling effort beneficial to the county, but one eliciting community support for recycling. The effort will be kept within a level consistent with the therapeutic goals and capabilities of the New Hope rehabilitative program.

With much effort the center was able to meet another FY 91 goal, ending the year with a balanced budget. The center was able to keep within projected revenues and expenditures for the year.

The center was not able to meet another important FY 91 goal to reduce its excessively long waiting period for new clients before their first treatment session. This continues to be approximately two months, except that those being discharged from the department's psychiatric hospitals are able to be seen within two weeks of discharge. In addition, one of the center's two full-time psychiatrists left during FY 91. Budget and recruitment difficulties work against a reduction in this waiting period.

Goals for FY 91-92 include:

- * maintain current level of services
- * recruit a second full-time psychiatrist
- * reduce waiting period for new clients by developing a triage system to allow new clients to be seen quickly initially
- * avoid a year-end budget deficit.

Anderson-Oconee-Pickens Mental Health Center

(Anderson, Oconee and Pickens counties)

In a year of increasing budgetary concerns during FY 90-91, the Anderson-Oconee-Pickens Mental-Health Center maintained and expanded its services for the clients in its catchment area.

After leasing additional space in an Anderson church in the vicinity of several residential care facilities, the center began a new half-day rehabilitative psychosocial therapy program for the chronically mentally ill.

From 15 - 24 clients meet there every weekday afternoon from 1 - 4 p.m. to learn rehabilitative skills that enable them to remain stable and function in the community.

In addition, the Village program in Anderson, which offers several levels of treatment for the chronically mentally ill, has been strengthened this year by the addition of two staff to its clubhouse and day program. These additions will enable more clients to move from residential care to apartment living.

The center accomplished one of its goals by hiring a fulltime child and adolescent psychiatrist. This addition brings the total number of full-time physicians at the center to four, which provides its clients in all three counties with more than adequate medical coverage.

Child and adolescent services also received another boost when a second doctoral level psychologist was added to their Anderson staff this year. He and some of the other child and adolescent services staff have begun an intensive treatment program for teens. They work with the school system to identify children in crisis and offer them two weeks of daily group treatment.

The regional crisis stabilization program for children and adolescents continues to be utilized by our center. It served 18 children in crisis from our tri-county area this fiscal year and will become even more important for our region's children in crisis with the closing of the child and adolescent unit at Harris Hospital.

Another goal that was met during the fiscal year was the identification of the center's elderly clients and the structuring of groups geared to their special needs. Staff was also in-serviced on several occasions concerning treatment issues for the elderly mentally ill population.

During this year, negotiations were completed with Baptist Medical Center in Easley concerning after-hours medical screening within Pickens County. A contract is now in place with them, and in Anderson County with the emergency room physicians at Anderson Memorial Hospital to provide this screening.

We could not meet two of our FY 90-91 goals because of lack of funds available. These included the opening of a psychosocial

clubhouse in Oconee County and the hiring of another intensive case manager. The center was also unable to make further progress in establishing an interagency sexual abuse treatment program in Pickens County.

The center has identified the following goals for FY 91-92:

- * open a psychosocial clubhouse in Oconee county.
- * hire a second intensive case manager as funds become available to work with high management clients
- * work to expand and utilize existing subsidized housing for the mentally ill in our community (such as the Anderson complex recently financed by HUD funds and operated by a local Baptist association);
- * increase the movement of clients through the Village from the lowest functioning levels to higher functioning; from residential homes to the clubhouse, then to semi-independent apartment living and finally to placement and employment within the community
- * expand the center's family preservation project, which is now fully staffed and boasts a high rate of success in keeping children in their homes.

Beckman Mental Health Center

(Greenwood, McCormick, Saluda, Edgefield, Laurens, Abbeville, Newberry counties)

Beckman Mental Health Center, throughout its seven-county catchment area, saw significant accomplishments between July 1, 1990 and June 30, 1991.

The following reflects the highlights:

Child and adolescent services, a long-standing clinical priority, was boosted in July 1990, by the hiring of a full-time C&A professional for the Newberry clinic. While housed in Newberry, she became a resource through consultation and referral for the Beckman region. Almost simultaneously, the contract services of a child psychiatrist were secured two days per month in Newberry and later expanded to two additional days per month in the Greenwood clinic.

Also in July, outreach capabilities were increased by the addition of one state vehicle. This allowed one of the pre-existing vehicles to be re-assigned with priority given the community support program coordinator.

Beckman Center received allocations in July 1990 to fully open and staff its McCormick satellite clinic on a permanent full-time basis. This enabled a full compliment of satellite operations in all seven counties. In October 1990 the first position was filled by the

hiring of a clinical nurse. She also assumed the role of acting satellite coordinator.

Beckman's second annual barbecue for local political leaders was again hosted and paid for by the board of directors during September 1990. The event was well attended by an audience receptive to the needs and constraints of mental health services.

During October, the second Transitional Leadership Council public forum was held for the Beckman region. Sponsored by the center's board of directors, the meeting was hosted by Abbeville County.

The children and adolescent program again expanded in November 1990, with the employment of Beckman's first coordinator of child and adolescent services. Based in Greenwood, this position facilitates resource development and clinical delivery for the entire catchment area.

November also brought the second permanent employee to the McCormick satellite—a full-time administrative specialist.

In February 1991, Beckman Center was honored to host the S. C. Mental Health Commission for the first time. It was an excellent opportunity for state commissioners to become acquainted with the center's operations and geographic territory.

March 1991 saw the addition of another child psychiatrist under Beckman contract on a part-time basis for the Saluda clinic. The group living skills (GLS) program for Abbeville County also opened during this month in a newly expanded clinic location. This made the fourth county location to house a GLS program.

The long-vacant addiction specialist position was filled in April 1991, completing the Greenwood clinic therapeutic staff. Also in April, the Laurens clinic GLS program expanded by opening "New Futures" group living skills for the potentially employable client.

Finally, in May 1991, outreach for the counties of Abbeville and Edgefield benefited from the acquisition of two center vans, one for each program. These vehicles are designed primarily for client transportation.

Throughout FY 90-91, Beckman's data entry division developed and implemented private insurance billing for client service. This is the first year of such effort and revenues generated outweighed any cost incurred.

With the financial situation projected for FY 91-92, the primary goal for Beckman Center will be maintenance. Until such time as freezes are lifted and budgets are reinstated, no new positions or programs are anticipated.

The possible exception to stunted center growth may be in the area of child and adolescent service where potential grant monies may be available. Beckman is applying for a "family preservation

grant" for the counties of Greenwood and Laurens. Two other projects are being explored involving school district participation — one in adventure-based counseling and one targeting severely emotionally handicapped children. C&A program needs are to be surveyed through an assessment instrument now in development. The survey will be completed during this fiscal year.

Another goal is to increase revenue generation through billing and collections. The new categories of eligible Medicaid service will be billed.

Also projected for computer expansion will be the installation of modems connecting the Greenwood, Laurens, Newberry and administrative offices.

Beckman Mental Health Center is proud of its efforts and accomplishments during FY 90-91. Despite the obvious concerns currently faced, we look with optimism toward FY 91-92 as we continue to strive toward meeting our five year plan and the mental health needs of this catchment area.

Berkeley Community Mental Health Center (Berkeley County)

July 1, 1991, marked the 10th anniversary of the Berkeley Community Mental Health Center. Prior to July 1, 1981, the Berkeley Satellite Office was a part of the Charleston Area Mental Health Center. At that time, the staff consisted of the executive director, two mental health professionals and a secretary.

Currently, the staff includes 44 full-time employees, three part-time employees, and two intermittent employees. There are two staff psychiatrists and three contract psychiatrists available to complete psychiatric consultations and treatment. We also employ a consumer.

The completion of the construction of the center building is projected for January 1992. Due to the population growth in the southern end of the county, there is a need to locate an additional office in that area. This will become a priority when resources permit.

Currently, center vehicles are used to transport consumers, who have no other resources, to the center for their appointments.

The board and employees of the center have a commitment to provide the best possible mental health services to all the citizens of this county.

* In an effort to enhance employment opportunities, we have developed a program that addresses the pre-vocational and vocational needs of those we serve. Our working relationship with the S.C. Department of Vocational Rehabilitation, which

includes a vocational rehabilitation job coach, has made it possible for more of our consumers to be gainfully employed and for longer periods of employment.

- * The center has been able, through the managed care program, to provide intensive case management to 20 individuals with a diagnosis of schizophrenia or bipolar disorder. The involvement with these individuals and their families in their home, and in the community has resulted in the identification and treatment of physical illness in addition to comprehensive treatment for their mental illness. Prior to this effort with the Health and Human Services, Finance Commission, many of these individuals had no primary care physician and had undiagnosed physical illness.
- * We have employed an additional mental health professional who is providing services for individuals who have had multiple psychiatric hospitalizations and who have a history of non-compliance with treatment recommendations. The major goal is to structure the treatment to meet their individual needs and to prevent unnecessary hospitalizations. Many of these consumers also have an addiction to drugs and/or alcohol.
- * Berkeley Interfaith Ministries is working together with center staff to address the housing needs of citizens who are consumers of center services. An application is being made to secure HUD funds to build apartments for this population.

The number of mental health professionals working with children, adolescents and their families has increased to four full-time, two part-time and one intermittent employee. The referrals have increased with about 57 percent requiring treatment for sexual abuse. This treatment program involves careful consultation and collaboration with other service providers, including law enforcement and the court system.

The center and the Berkeley County school system conducted a six-week day camp for over 50 youths this summer. The program employed high school and college students as counselors. Center staff directed the camp and the school system paid all expenses from a grant.

The board and center employees believe that Berkeley County citizens have a right to be as close to home as possible. Therefore, much time and energy is used to access treatment resources in the adjoining areas. Currently, there is one Berkeley County resident hospitalized at the S.C. State Hospital and five hospitalized at Crafts-Farrow State Hospital. This center continues to have the lowest admission rate to the SCDMH inpatient facilities.

The following major goals have been established for FY 91-92:

- * address issues of staff morale and job satisfaction
- * continue to enhance working relationship with other service providers and the community at large
- * decrease hospitalization admission rate
- * increase outreach activities
- * increase attention to continuity of care and follow-up activities
- * increase intensive case management activities
- * develop treatment program to address needs of individuals who have had multiple psychiatric hospitalizations and who have a history of non-compliance with treatment recommendations - to include those with history of drug and/or alcohol abuse
- * increase employment opportunities for consumers
- * increase housing opportunities for consumers
- * provide summer camp experience for youth
- * evaluate and implement services for individuals with mental illness and drug and alcohol addiction
- * increase revenue collections
- * train staff in order to enhance computer operations
- * occupy new center building.

Catawba Mental Health Center
(Chester, Lancaster and York counties)

Center goals for FY 90-91 were identified by three sources — center supervisors, total staff meeting, and the center board.

The goals and performance objectives included the following:

- * continue developing comprehensive local mental health services for the psychiatrically disabled, with an emphasis on local alternatives to hospitalization in state facilities — The community support program provided intensive case-management services, daily on-site consultation to a local boarding home, utilization of contract crisis beds, and an effective 24-hour emergency response team.
- * develop and define plans for the expansion of child and adolescent services to provide a full range of treatment options for this client population — Maintained respite care contracts with local boys home and girls home for crisis placement, utilized other area hospitals as appropriate for localized inpatient care, and developed a family preservation program in Chester county for intensive case-management and treatment services to high-risk youth.
- * conduct educational and advocacy programs in our community to establish support for the phasing out of central state institutional services and the development of a community-

based system of mental health services—Completed last public forum in August 1990 in response to the Department's TLC program. The center board has played an active role this year in supporting localized care for clients. The center also was the first in the state to hire a consumer advocate who serves on the management team and related committees, and has coordinated the development of a Consumer Advocacy Council to identify and address consumer needs on an on-going basis.

- * coordinate efforts with other community agencies and organizations to address the housing and employment needs of the psychiatrically disabled--The center's housing committee investigated available housing options in coordination with SCDMH housing coordinator. In addition, the center began work with the Junior Welfare League of Rock Hill to formalize a HUD 811 application to fund construction of an apartment complex. The center continued its transitional employment program (TEP) placement of its clubhouse members.
- * establish a uniform philosophy for psychosocial clubhouse operations—The center discontinued its Lancaster clubhouse operations and transferred its staff and clients to the Rock Hill-based clubhouse program.
- * define and specify the additional space needs of the main center office—Main center space has continued to be insufficient in housing staff and programs, and the administration negotiated with SCDMH for additional space in the Dowdy Gardner annex. Preparations are currently in process to locate the business office in the second floor annex. The Pentis Center reviewed space options, but decided to remain at the present location.
- * coordinate efforts with other community agencies and organizations to address treatment needs of crisis patients not identified as chronic mentally ill—As part of its reorganization, the center has appointed an adult outpatient coordinator to work with the outpatient staff in all three counties to plan needed services. This will include provisions for both individual therapy and groups. Emphasis will be placed on mental health services needed by the alcohol and drug addicted population.
- * in cooperation with the SCDMH and other community mental health centers, explore governance and administrative options that foster greater local control of and responsibility for mental health center operations—The center participated in the response to the SCDMH's request for proposals for local governance. As a part of that process, an exten-

sive needs assessment was conducted through both internal and external instruments. The identified needs were initially addressed at a total staff and board retreat where goals, objectives, and time frames were formalized as part of the center's reorganization plan.

During the year, the center has accomplished the following reorganization goals:

- * As a result of the recommendations of a management consultant, the center adopted a new organization structure. This structure was designed to give the center a more responsive, staff/consumer driven form of management.
- * The organization contains provisions for a human resource coordinator position to address hiring, classification, training, morale and other staff concerns. The center will work closely with DMH in completing the creation and recruitment of this position.
- * In a related activity, selection of center-wide service area coordinators is underway. These coordinators will broaden the scope of the management team.

Goals for FY 91-92

- * strive to maintain present level of service delivery within the budget constraints
- * continue to implement the reorganization plan's objectives — hiring a human resource coordinator, developing specific job roles for the service area coordinators, and implementing plans for the new management team
- * management team will plan and monitor service delivery, maintain communications with all staff, develop recommendations for priorities, and supervise housing development and other initiatives now underway at the center.

Charleston Area Mental Health Center

(Charleston and Dorchester counties)

The Charleston Area Mental Health Center completed FY 90-91 on a budget of approximately \$6,000,000. Through the hard work and efforts of the staff, Medicaid revenues rose to \$1,795,000, a 100 percent increase over the past two years. A three-year National Institute of Mental Health Community Support Program grant, which added considerably to the resources of the center, will end in FY 91-92.

The physical plant of the main center office continues to be problematic. Programs remain scattered throughout the catchment area, and three service areas were required to move because of grossly inadequate facilities.

Nearby construction has made access to the center's main building difficult, and the site continues to be plagued by leaks, equip-

ment failures, and limited space. Hopefully, this situation will improve, as the department has pledged to use its bonding authority to make available approximately \$5,800,000 for capital improvements, for which the planning has already begun.

The center made significant progress on its goals for FY 90-91:

- * A new day-treatment program was initiated in Dorchester County that provides activity therapy to clients with severe and persistent mental illness. The program has had a positive impact and the feasibility of expansion is being explored.
- * Staff productivity continues to climb. This is reflected in the increased Medicaid revenues already cited, as well as data from DMH indicating that the center's percentage of total staff-time spent in direct clinical services is the second highest of the 17 centers. The number of staff increased to about 120 persons during the year, and improved computer operations are providing more timely data for personnel and fiscal analysis.
- * A second group home for severely disturbed children was established under contract with Windwood Farm. A director of the child and adolescent program was hired to fill that position, which was vacant for five years.
- * The center continues to develop alternatives to hospitalization. A comprehensive study was developed and initiated to aid with discharge planning of some of the long-term patients currently hospitalized in Columbia. A grant was submitted to NIMH to expand intensive case management services to rural areas, and increased emphasis has been placed on making home visits. It should be noted that there has been a 40 percent decrease in voluntary and emergency admissions to Columbia since FY 86—the largest decrease of the centers.
- * The center continued its efforts to shift to community-based rather than office-based services. Examples include placement of staff in the county jail, in homeless shelters, and in the local child-abuse treatment center.
- * A structured supervision policy has been drafted and should be finalized this coming year. Staff training and development opportunities have been enhanced, and a board training program has been implemented.
- * For administrative reasons, the decision was made not to implement the plan to establish a residential program for hearing impaired persons. The project will instead be assumed by another center.
- * The department's TLC goals continue to be a major priority for the center. In fact, the percentage of total caseload that fits the TLC criteria is the second highest of the 17 centers. The

center continues to participate in a number of joint programs with the Medical University, including an emergency psychiatric service and the training of psychiatry residents and psychology interns.

Goals for FY 91-92:

- * implement a minority recruitment program
- * implement a public relations effort regarding mental illness
- * establish a significantly enhanced rural services program for mentally ill adults
- * complete a plan and grant application for enhancement of services to substance abusers who are also chronically mentally ill
- * implement the first steps in the planning and construction of new center facilities.

Coastal Empire Mental Health Center

(Allendale, Beaufort, Colleton, Hampton and Jasper counties)

This past year at Coastal Empire Mental Health Center has been one where staffing levels have increased to the highest since the center was established in 1966.

The center presently has 61 staff, and as part of our commitment to the needs of the long-term mentally ill clients, most of the new staff positions have been case-managers, working with people in their home and the community settings.

Accomplishments during FY 90-91 included:

- * The center has increased intensive case-management services for the long-term mentally ill clients with the addition of two case-management positions, one for the Beaufort office and one for Jasper County. These two positions are to provide additional support services for long-term mentally ill clients in their homes and community settings. These clients have had difficulty adjusting to community living and/or need more intensive assistance to allow them to lead more functional lives.
- * The center has accomplished its goal of providing education to families of the long-term mentally ill. In March 1991, the center's certified patient/family educator started an evening education group for families and clients. This program provides education about symptoms of mental illness, medications, and other information that families may need to help support a family member who has long-term mental illness.
- * This year the children and adolescent services staff accomplished its goal of sponsoring a therapeutic summer day camp. This day camp was held in June. Clients from Beau-

fort, Jasper, and Hilton Head attended the four-day program in Beaufort, and Hampton was the site for Allendale, Walterboro, and Hampton clients. A total of 20 clients attended the camp, ranging in ages from 10 to 14. They participated in various activities aimed at increasing their self-esteem, improving their community skills, and providing them opportunities for fun activities.

- * The child and adolescent staff were involved in numerous other activities during FY 90-91, including participation in May is Mental Health Month activities in the local school systems and C & A staff had a booth at the Health Fair sponsored by Beaufort Memorial Hospital in April.
- * The center accomplished its goal of adding a new position to provide in-school counseling to at-risk adolescents in all the Beaufort County secondary schools. This position is funded primarily through the Beaufort County school system and is considered to be a model for other positions that may be funded in the other four counties. Over 72 adolescents were seen during the school year.
- * The focus this past year has been on the increased use of time-limited groups for special groups of priority/ non long-term mentally ill clients. Groups have been implemented in Beaufort and Colleton counties and proven to be effective with adult victims of childhood sexual abuse and other similar types. Clients attending the groups have decreased their utilization of crisis telephone services and appear to be functioning better in their lives.
- * Another accomplishment this past year has been in the area of training for the outpatient staff. This FY 90-91 training was conducted for all staff (both clinical and support) in the following areas: prevention and management of aggressive behavior; suicide prevention; five center staff members have attended the case management certification training sponsored by the Department of Mental Health. This training included a core curriculum that focused on general clinical skills and specifically case management for the serious and persistently mentally ill.
- * This past fiscal year the center reviewed and updated all three of the memoranda of agreement with the local Alcohol and Drug Abuse Commissions. The center has excellent working relationships with the local Alcohol and Drug Abuse Commissions in our area. Another accomplishment this past fiscal year has been the addition of a staff member to the Beaufort office to serve as a liaison with the local Alcohol and Drug Abuse Commission and someone to provide ser-

vices for the dually diagnosed clients (mentally ill and substance abuse). Plans for training clinical staff in the area of chemical dependency have been moved to FY 91-92.

- * The center's elderly services coordinator assisted the Beaufort County Alzheimer's Care Givers' group with support groups and serves as the center's representative on the advisory board of the Lowcountry Area Agency on Aging (Beaufort, Colleton, Hampton, Jasper).

Major goals for FY 91-92 include:

- * to implement an on-call system in Colleton County that will increase the availability of face-to-face evaluation — this system will utilize the Walterboro office staff
- * to reduce the rate of admissions to DMH's facilities to a rate of 125 per 100,000 population for the fiscal year
- * to develop and implement rehabilitative psychosocial treatment services in Beaufort, Colleton, Hampton, and Jasper
- * to develop and implement a car cleaning service work unit within the Riverview Living Skills program
- * to have two additional staff persons certified as patient/family educators
- * to coordinate "May is Mental Health Month" activities in local schools and community
- * to sponsor a therapeutic day camp that will be held in Beaufort and Hampton counties
- * to collect data, review proposals from around the state, and begin writing CEMHC proposals for a family preservation project, i.e., in-home intervention
- * to continue the utilization of group therapy for clients who have been identified through individual assessment as being appropriately served by this modality
- * to sponsor a workshop on the dually diagnosed client (alcohol and drug and mentally ill) to increase clinical skills in this area; to sponsor an inservice training to assure maintenance of staff skills in working with the geriatric population
- * to begin construction of five new satellite facilities
- * to relocate the Beaufort area clinical and administrative operation to interim space and begin construction of a new Beaufort office
- * to continue to advocate for safe and affordable housing for the mentally ill
- * to lay the groundwork to provide crisis beds at Beaufort Memorial Hospital.

Columbia Area Mental Health Center

(Richland and Fairfield counties)

The Columbia Area Mental Health Center experienced significant growth and accomplishments during FY 90-91.

Services were expanded and new initiatives begun, which provided more services to the seriously mentally ill in our catchment area.

As funding was available, the center met its following goals:

- * The center finalized plans and negotiations to enhance service delivery in Fairfield County this year.
- * Fairfield County Council agreed to provide funds necessary for the center to finalize construction plans for a new office. Construction delays have prevented the office from opening during the year, but construction has begun and we plan to occupy the new building Oct. 1, 1991.
- * The center and the department agreed to restore the Carter Street Apartment complex, and repairs were begun during the year. Subcontractor delays beyond the control of both DMH and CAMHC prevented full occupancy during this year, but completion of repairs to this much needed residential resource is anticipated.
- * The center sponsored other housing initiatives on behalf of seriously mentally ill clients. We sponsored through monetary and personnel resources the writing of a Housing and Urban Development Grant by the Mid-Carolina Mental Health Association. This grant seeks to purchase and renovate private homes for clients. The grant was submitted and approved; acquisition of housing units is still in progress.
- * The center invested considerable effort in planning for new residential resources. We submitted a proposal for the center to build, staff and run programs associated with two six-bed group homes for chronically mentally ill adults. Funding was not available for this program.
- * We also submitted a major proposal to the department for the center to build, staff and operate its own licensed community residential care facility. This program, a first in South Carolina, would incorporate treatment, housing and rehabilitation services for 12 long-term residents of state inpatient facilities. Funding was not available during the year for this project, but the center hopes to use these plans in the future to extend access to the community for these clients.
- * The center successfully negotiated a contract with the Department of Youth Services to extend therapeutic and preventative mental health services to families with a child at risk of incarceration in Department of Youth Services facilities.

- * We added intensive case-management staff to existing center programs. Elder Support, the Network, the Carter Street Apartment Program and our after-hours intervention program were enhanced. Through these initiatives, substantial new treatment, rehabilitation and residential services were provided to chronically mentally ill clients.
- * The center further expanded its psychosocial facilities. We planned the construction of a new clubhouse on Rosewood Drive that we plan to occupy Aug. 1, 1991.
- * The center also enhanced the capacity of Independence House and has completed plans to expand the availability of services in this clubhouse during the first quarter of FY 92.
- * The center hired a fulltime entitlement specialist Sept. 1, 1990. This employee was still able to receive necessary training, orientation to the center and community, set up needed liaison with both Social Security and center offices, and secure benefits for 26 clients. The employee also identified over \$40,000 in recoverable funding for the center and assisted in setting up procedures to continue this activity into the future.
- * The center is serious about program evaluations and continues to allocate substantial resources to this enterprise. We completed an evaluation of our psychosocial programs and services within the center. This comprehensive study has gained national recognition as an example of excellence in psychosocial program evaluation.
- * The center is completing its three-year NIMH funded Demonstration Grant on Psychiatrically Disabled Homeless Adults.
- * We also performed or initiated studies on hospitalization trends for clients served by our specialized alcohol/drug treatment program; adverse incident data; program performance data; and high users of inpatient facilities.
- * The center has hired two job coaches this year. Our mobile work crew was expanded and substantially increased its service to both the center and the department. This expanded capacity will allow us to further assist our clients in their efforts to reenter the job market.
- * The center also significantly enhanced its after-hours emergency services. We began a program which placed professional staff in the Richland Memorial Hospital emergency room during weekends, holidays and nights. This program diverted many unnecessary admissions from state inpatient facilities to less restrictive treatment.

Goals for FY 91-92:

- * complete the Winnsboro facility by Oct. 1, 1991, increasing

- access to treatment space
- * complete the total renovation of the Carter Street Apartments, providing housing and rehabilitation services for 56 chronically mentally ill clients
- * renovate and refurbish Independence House by March 1, expanding service to chronically mentally ill
- * by March 1, 1992, submit a major five-year research demonstration grant for services to chronically mentally ill substance abusers
- * pending funding by DMH, submit plans for, build and staff up to four, six- bed group homes by April 1, 1992; resubmit our proposal for a center-operated community residential care facility for up to 10 former long-term state hospital residents; continue efforts in conjunction with the mental health association to secure three residential units
- * by April 1, 1992, relocate the Lower Richland and Northeast Richland satellite offices to more suitable, enhanced facilities
- * enhance service capacity through: a projected 20 percent increase in psychosocial clubhouse services; daytime and after-hours emergency services through enhanced affiliation with Hall Institute and the USC School of Medicine; 20 percent increase in capacity in existing PACT programs to serve chronically mentally ill adults; seek funding for an activities program for appropriate chronically mentally ill clients
- * continue to focus efforts on hospital screening and diversion as demonstrated by reduction in admissions rates and creation of therapeutic alternatives
- * continue community treatment efforts on problematic and difficult-to-manage patients.

Greenville Mental Health Center (North Greenville County)

The major focus of the Greenville Mental Health Center has been to decrease the county admission rates to State facilities and increase local revenues to enable development of local options for management of seriously ill clients.

Ongoing negotiations with the Greenville Hospital System and Piedmont Center for Mental Health Services have resulted in the hiring of a full time counselor in the local emergency room to assist in screening after-hour psychiatric emergencies. Joint orientation and review meetings have ensured sensitivity of the emergency room staff to diversion efforts and are showing results with a reduction of admissions to state facilities.

Planning efforts of the center with Marshall I. Pickens Hospital

have also begun producing benefits for center clients. A number of changes have been made in hospital structure and procedures that will have a positive impact on center utilization for clients, including a plan to accept involuntary admissions as of September 1991. Clients with third-party payors are now being accepted for admission, which has increased availability of local options. Plans to jointly develop a comprehensive psychiatric emergency program are continuing.

The emergency services unit of the center has upgraded all positions to grade 33, including a nursing position and an addictions specialist to improve the center's effectiveness of screening and emergency services.

All requests for detention orders are now screened by the emergency staff during center hours.

Mental health professionals are serving after hours, on call telephone-screening for initiation of all detention orders and are able to divert a significant number of admissions. Using a combination of all these efforts, the Greenville County has dropped from fourth to eighth ranking in the state in admission rates per 100,000 population.

The most significant change in community support services was in the recent development of a modified programs for aggressive community treatment program called CONTACT.

A staff of three provide intensive case-management services for a group of high management clients, who account for the highest number of multiple psychiatric admissions to state facilities. The program's impact has not been determined at this point.

To address increasing transportation needs of clients in reaction to anticipated cut backs in Medicaid transportation, the center has obtained the services of a part-time vehicle operator, which frees up clinical staff to provide additional hours of service in each of the day programs. The need for this service is anticipated to increase during the coming year.

Expansion of family participation in educational groups was not achieved due to a variety of client economic reasons. Therefore, efforts were focused on individual families of high management clients who entered our non-hospital intensive care program.

Staff make routine home visits to clients to provide family education and consultation, which is beginning to produce some results.

In services for youth, CAASP grant funds were made available to our center through the cooperative efforts of the Piedmont Center for Mental Health Services to develop an outreach service to youth in a high-risk community.

A multi-services center has now been formed on-site in a high crime neighborhood targeted by the city for redevelopment. On

June 5, the Green Avenue Multi-Service Center was officially opened under the administration of this center. Nine other agencies will also be providing services to area residents from this site.

Fiscal management continues to be a high priority of the center, which has again managed to stay within its budget and maintain quality services.

Services have been expanded, and with the addition of two entitlement specialists, the center has increased local revenues, resulting in a moderate carry-over for the center for the first time in five years. Continued efforts will be made to increase revenues sufficient to meet service needs and offset any projected deficits due to state revenue shortfalls.

Goals for FY 91-92 include:

- * develop cooperative efforts with local, non-profit organizations to increase housing options for the mentally ill.
- * develop a restorative independent living skills program targeting clients who do not/cannot benefit from the Gateway House program
- * expand space at the 300 Building to house the restorative independent living skills program
- * develop additional transportation options for clients to increase access to services
- * establish a position and recruit an executive secretary to assist the executive staff and board.
- * develop a long-range plan for renovations to the child and adolescent building and playground.

Lexington County Mental Health Center (Lexington County)

During FY 90-91 the Lexington County Mental Health Center incorporated into its goals the theme, "Toward Local Care." Major emphasis was placed on community outreach services and services that are easily accessible.

Consequently, efforts were focused on achieving the following goals:

- * provide after-hours emergency services in Lexington County by center staff in conjunction with the local county hospital emergency room—This was a major accomplishment towards local care, since the hospital had resisted such services ever since the center was formed in 1979. Previously, citizens had to travel to the neighboring county for after hours care. The labors of the center board and other community supporters were finally brought to fruition with the assistance of the department's legal counsel. Prior to the starting date on July

1, 1991, several meetings were held between center and hospital staff to effect a positive tone for the new program. Notices of the services were sent to the community health care agencies and service providers. The services will be monitored closely during the year in order to achieve the most effective program.

- * secure a more adequate facility for the group living skills program at the Lexington satellite office—All possible options were evaluated and the board decided to lease a new building which alleviated the existing substandard and crowded conditions. The location is closer to the satellite office and serves a largely rural population.
- * develop a proposal to acquire more affordable client housing — Unsuccessful efforts were made to locate a non-profit organization to serve as a sponsor for a federal housing grant. However, the local Mental Health Association has offered to serve as a sponsor for FY 92.
- * provide adequate support services for clients living in residential care facilities—A staff person was hired to provide weekly group services for clients. Case management services were also increased.
- * increase the temporary employment opportunities for center clients--Clients were employed in center related operations such as janitorial and clerical. Plans are in progress to develop job placements in the community.
- * ensure that all Medicaid eligible clients receive entitlement support: An entitlement specialist was hired in October to evaluate all potential Medicaid clients and to assure that all benefits are maintained.
- * improve the screening of alcohol and drug related emergencies —The center staff meets regularly with staff from the local drug and alcohol council to discuss ongoing issues. The center has a positive working relationship with the local council and strives to maximize the potential resources of both agencies.

Goals for FY 91-92 include the following:

- * develop and submit a proposal for a federal housing grant
- * increase employment opportunities for center clients
- * develop a community partnership among agencies and citizens to enhance mental health services and public education
- * promote and enhance services for children, adolescents and their families
- * implement regional mental health services for the deaf and hard of hearing in conjunction with the Division of Clinical Services

- * increase accessibility to services for citizens living in more remote and rural areas of the county
- * evaluate the service needs of the senior citizen population.
- * identify and improve the services to the clients who have a mental illness/substance abuse disorder
- * explore service options for citizens who are known to both the mental health and criminal justice systems.

Orangeburg Mental Health Center

(Orangeburg, Bamberg and Calhoun counties)

The center continues to strive to serve the chronically mentally ill, the emotionally disturbed and the behaviorally disordered individuals within this catchment area.

The priorities are to reduce the disability caused by mental illness and to improve the client's quality of life by providing a comprehensive and integrated array of services that are rehabilitative and supportive.

The following report will indicate an evaluation of goal attainment for FY 90-91:

- * 1. continue to improve program development and expansion, i.e., alcohol and drug prevention, differential program for the elderly in all office locations and a differential program for children in both satellite offices
 - A. Alcohol and drug preventions--There are three clinical staff members with alcohol and drug expertise. These clinicians are providing seminars and workshops at churches, schools, colleges, social agencies and to social clubs upon request. Goals—continue to implement the above activities; assist in developing a "Say No To Drugs Program" in all of the elementary schools in all three counties.
 - B. A coordinator for elderly services was employed in April. A differential program for the elderly has been developed in the main center. Goal—develop a differential program for the elderly in all three satellite offices
 - C. A differential program for children has been established in the main center. The Bamberg satellite has begun to develop and implement a program for children. There is a child and adolescent specialist in the Bamberg office two days per week. The Holly Hill office is in the process of expanding services for children. Goals — have a full time child and adolescent specialist in each satellite; expand services to include a family preservation program, as well as a family support program.
- * 2. strengthen the emergency services component by adding a

nurse to this area--The Orangeburg Area Mental Health Center was not able to strengthen Emergency Services by adding a nurse to assist in the triage process for walk-ins and emergencies that occur during the regular business hours because of budgetary restraints.

Goal—add a full-time Registered Nurse to the Triage Team to provide the initial screening on all emergencies.

- * 3. establish crisis stabilization beds in this catchment area to accommodate both the children and adult clients--This goal continues to be a priority in the center. Every effort was exhausted to secure a local crisis stabilization program, without success. Failure to secure crisis beds were primarily due to lack of funds and the absence of a local treatment program suitable to meet the needs of persons with psychiatric problems. Regional crisis stabilization accommodations for children have been established. Having this service reduced the number of children admitted to a state facility by 30 percent.

Goal—same as above.

- * 4. continue to interface with other local agencies in an effort to enhance service delivery--The center has been able to interface very well with other agencies. A new working relationship has been established with Visions for Youth Program and Clemson Extension Parenting Renewal Program and with the Interagency Council of Orangeburg. Workshops were provided to law enforcement officers, the Department of Social Services and the Dawn Center staff.

Goal—same as above.

- * 5. continue inservice/education programs for all center staff--Eight inservice programs were held with at least 95 percent of the clinical staff in attendance for each program.

Goal—increase the number of workshops offered based on center and individual needs

- * 6. improve medical coverage by adding two more psychiatrists to the existing staff--The center was able to employ an additional psychiatrist three days per week. This has enhanced medical coverage immensely, however, with the current increase in census additional medical coverage is needed.

Goal—employ an additional psychiatrist

- * 7. decrease the number of admissions to the state facilities by providing additional case management services--The number of admissions to a state facility has increased during this fiscal year. The number of alcohol and drug admissions continue to be the greatest cause for the admission increase.

Goal—same as above

- * 8. reduce the number of cases each clinician has to an average of 70--The majority of the clinicians have an average caseload of 76. Due to high severity levels, this number should be reduced.

Goal—continue to reduce each therapist's caseload to a manageable load.

- * 9. seek out funding for program and staff development--Three proposals were submitted without success. Other funding sources were tapped again without success.

Goal—continue to write grant proposals to access funds for treatment and research.

During this fiscal year the census increased from 1,430 clients to 1,703. There is a waiting list of 90. Based on the census increase, additional staff is needed to meet the needs of a growing psychiatric community.

Additional goals for FY 91-92 are:

- * increase the number of clinical and administrative staff
- * establish a full-time satellite office in Calhoun County
- * expand program development to meet the needs of the psychiatric populace.

Pee Dee Mental Health Center

(Florence, Darlington and Marion counties)

Pee Dee Mental Health Center began FY 90-91 with board and staff working jointly together to produce Pee Dee Mental Health Center's model community mental health center proposal.

This document was the result of a lengthy process involving a board-appointed committee of community representatives who conducted a needs assessment and planned the proposal. The proposal went beyond SCDMH expectations and dealt with programmatic aspects of the model community mental health center. The document produced has served as a planning guide to the board and staff.

During the fall, Toward Local Care public forums were held in each county in our catchment area. Community response to the forums was excellent and resulted in enhanced understanding of community mental health services by the public as well as a clearer perception of mental health center needs in the area.

With the growth of staff and number of clients served during the past five years, it became apparent to the board that the Florence center location was overcrowded, cramped, and unable to accommodate program growth or the needs of the administrative functions.

After careful study and a recommendation from the finance committee, the board endorsed and approved the concept of a

centralized administrative office. The administrative staff moved January 16 to its new location at 1831 West Evans St. The move has resulted in enhanced coordination and communication center-wide as well as a resolution of the overcrowded conditions at the Florence center, permitting program development.

Pee Dee Mental Health Center's commitment to housing for the chronically mentally ill continued and expanded. The Pee Dee Housing Development Corporation obtained its 501 (c) (3) status Sept. 7, 1990.

The corporation is a private, non-profit corporation whose mission it is to develop decent, safe, affordable and permanent housing for people who are chronically mentally ill and capable of living independently in the community.

The corporation's goal is to improve the quality of life for these individuals through housing initiatives. Monies received from a community development block grant and from SCDMH enabled the corporation to purchase a four-bedroom house April 18, 1991. Three psychiatrically disabled clients moved into this shared rental environment May 6. The second site was purchased June 13.

This three-bedroom house was purchased with \$30,000 community development block grant funding and leveraged with \$20,000 from SCDMH.

Pee Dee Mental Health Center employs a housing liaison whose responsibility it is to coordinate and facilitate activities between Pee Dee Mental Health Center and the corporation.

Pee Dee Mental Health Center provides supportive treatment services to residents of corporation housing. In late winter, the center developed a new program of intensive outreach services. Clients of the program include a) housing development corporation residents, b) clients who are receiving Clozaril medication, and c) high management clients who are at risk for re-hospitalization.

Pee Dee Mental Health Center received a grant from the Department of Youth Services to implement a family preservation program in Florence County. Three counselors were hired to work with this high-risk youth population.

Grant money was received from SCDMH to fund a hearing impaired program. A mental health counselor III was employed to provide a full array of services to the hearing impaired in the catchment area and consultation services to the hearing impaired in the other three mental health centers located in Region C.

During January, designated staff from all restorative independent living skills (RILS) programs in the catchment area attended the program at Gateway House in Greenville. The result of this staff involvement has been renewed philosophy and transition into a clubhouse philosophy in our four RILS Programs.

As the fiscal year drew to a close in June, a two day board/staff conference was sponsored by Pee Dee Mental Health Center.

Jim Gibson, a nationally recognized expert in community mental health, conducted the two-day conference. The outcome of the conference was a twelve month plan addressing the concerns identified during the conference.

The plan, which will serve as a guide during the next fiscal year, includes the following goals:

- * PDMHC will revise its mission statement to reflect population served, center priorities, and budget realities;
- * PDMHC will examine internal communication channels and enhance information flow;
- * PDMHC board will focus on developing effective relationships with SCDMH, PDMHC staff, local communities, and governmental entities;
- * PDMHC emergency services will be decentralized to provide continuity of care for clients in their home communities;
- * PDMHC family services will be coordinated from a central location with outreach counselors;
- * PDMHC will expand the range of its management information system and fully integrate it into center operations.

Piedmont Center for Mental Health Services (South Greenville County)

The Piedmont Center for Mental Health Services serves one of the fastest growing service areas in South Carolina. The area is experiencing a tremendous influx of new businesses and industries. This is accompanied by many new housing starts, new apartment complexes and new families moving into the area. To serve the growing population the center has full time offices in Simpsonville and Greer and a part time office in Piedmont.

Serving the seriously mentally ill continues to be a top priority of the center. There are numerous community-based programs to provide services to this population. The center, through contractual arrangements, places patients in eight 10-bed community care homes, Ridgeview Community Care Homes and Gregory's Community Care Homes II. The center provides a supportive structured therapy program for these 80 patients.

The center contracts with Gateway House to provide a program of psychosocial clubhouse services for 30 clients. The clients live at Gateway Apartments, Portals Apartments, Towers East Apartments or Carolina Retirement Center. Gateway House provides supportive employment services for selected clients.

The center also uses the services of Goodwill Industries and

Vocational Rehabilitation. The Piedmont Center participates in the "managed care project," which receives Robert Wood Johnson support.

The center contracts with Chestnut Hill Psychiatric Hospital to provide local inpatient stabilization for mentally ill clients. Other local hospitals are utilized when patients have resources to cover the cost of inpatient care.

The center relates closely with Harris Psychiatric Hospital, which serves Region B of the state.

For children, the center contracts with Marshall I. Pickens adolescent program and Anderson Youth Treatment Center for local emergency stabilization.

The center provides a family preservation service for high-risk children. All children in this project are in threat of being removed from the home and placed in a Department of Youth Services (DYS) or SCDMH institution. This program functions in close collaboration with the DYS and the Family Court.

The center provides community residential treatment services for children ages 11 through 16 in the Clear Spring Home for girls and the Bethany Home for boys.

The center applied for and received a federally funded child and adolescent services system program (CASSP) grant for a neighborhood-school demonstration project. This research-demonstration project targets children in the highest risk neighborhood and the highest risk middle school area in terms of emotional, behavioral and environmental problems. The Piedmont Center has collaborated with Bryson Middle School where a full-time mental health counselor has been placed. This counselor works with children and parents and provides consultative services to teachers and staff. Research is included in this project.

The Piedmont Center accomplished several of the goals established for FY 91:

- * develop a group living skills clubhouse—Sunshine House, a program of Restorative Independent Living Skills, opened in March 1991 and continues to grow.
- * develop mental health services for the hearing impaired—A mental health counselor, trained to work with the hearing impaired, was hired in October 1990 to serve clients in this center and other Region B areas.
- * improve emergency services so as to reduce state hospital commitment--The center, by contract, provides a part-time social worker to serve in the local emergency room. By agreement with the probate judge, the center is more involved in screening prior to issuance of orders of detention. The center continues to study means of improving emergency services.

- * obtain a CASSP "reunification" grant to serve children--The grant application was approved but not funded. The neighborhood-school CASSP grant previously mentioned was approved, funded, and implemented.
- * recruit a full time psychiatrist--Another psychiatrist was not hired in FY 91. The Pickering Group continues to recruit for this vacant position.

The center had very impressive statistics for FY 91 which include: total number of patient contacts, 46,839, and new admissions, 1,264.

The center plans to continue to build on a solid base of services in FY 92. Serving the seriously mentally ill and children will continue to be a top priority.

Goals for FY 92 include:

- * recruit another full-time psychiatrist to meet present and growing needs
- * develop additional local emergency services for stabilization of patients in crisis
- * strengthen the intensive case management service to seriously mentally ill clients
- * add a driver for the Sunshine House Program to overcome transportation problems
- * add an entitlements specialist to assist clients in becoming qualified for all possible benefits.

Santee-Wateree Mental Health Center

(Sumter, Clarendon, Kershaw and Lee counties)

FY 90-91 was a year of challenge and demand for the Santee-Wateree Mental Health Center.

As the year began, the four counties in the center's area of responsibility were still recovering from the devastation of Hurricane Hugo. The center developed and managed Hugo Outreach, an 11-person office, supported by DMH funds, which searched out persons in this rural area who had physical damage, who were unaware of or unable to secure assistance and who were suffering from the emotional impact of the storm. The program, being gradually scaled down as needs were met, continued throughout three-quarters of the year.

During this period, while still struggling with Hugo recovery, two counties, Kershaw and Lee, were hit by flooding, tragically causing deaths in the Camden area. The center staff again responded well to the distress.

Then came Desert Storm/Desert Shield with its major impact, again requiring a staff response. While the center was involved in these recovery efforts, it continued to carry a full set of services,

meeting the psychiatric needs of the community. The demand for services has continued at a pace with the previous year with an active caseload of 2,136 with 1,725 admissions, 1,142 discharges and 34,471 contacts.

The following is an assessment of the goals the center established for FY 90-91:

- * The center's major effort was maintenance of services, and this was accomplished. In comparing the above statistics with the previous year, the center increased its active caseload by 8 percent. Over 68 percent of the caseload is persons who have a chronic mental illness, with 74 percent of the center's contacts being with this population.

The Sunrise Clubhouse and Liberty Street Living Skills programs continue to be strong, helping persons with a history of mental illness move towards independence. The job coach program, an effort jointly sponsored with the Office of Vocational Rehabilitation, assisted persons in a supportive fashion to move into the job market. In addition, the center developed a part-time position that has been filled by a consumer.

Children and adolescent services continue to be a high priority. The demand on this service continued to be large, much beyond the center's resources. The children and adolescent staff have worked hard, focusing on the most critical situations, reducing the waiting period for services. The family preservation program, even with a significant turnover in staff, is now functioning at an optimal level.

Lastly, the center completed an addition to the Sumter building, giving 3,000 square feet of badly needed additional office space.

- * The center put major emphasis on exploring the housing needs of the psychiatrically disabled person. While the original intent was to develop one housing project, there was such strong interest in two counties, Sumter and Kershaw, that the decision was to explore these two areas. The mental health associations in both counties committed their organizations to the development of applications for federal housing funds. A separate housing task force was established in Sumter County, made up of representatives from the community, to focus on the long term needs of the chronically mentally ill population.
- * The center also completed the addition to its Kershaw County building. The new space allowed this office to develop a daily living skills program. While it took some months to complete construction, furnish this building and hire staff, the pro-

gram was off and running by mid-year. A vibrant, exciting program has been developed.

- * A member of the staff participated with other DMH representatives in developing the Request for Proposals for a mini-computer based management information system. In addition, the center has been chosen as a pilot site once vendors are selected. This selection process is continuing and the center is committed to implementing the pilot project at the appropriate time.
- * The center has had, and continues to have, a good relationship with both police and sheriffs' departments as well as county correctional facilities. Center staff have further concentrated efforts to expand upon that relationship. A staff member has ridden with police officers on various shifts. Center emergency services has attempted to be more responsive to the needs of jail managers, particularly in the smaller community areas. Center management has met periodically with representatives to solve issues affecting each system. Lastly, staff presented in a major statewide forum sponsored by the Forensic Unit, Hall Institute.
- * As already noted, the Hugo Outreach project came to an orderly conclusion. This staff can be proud of both its short-term and long-term response to this major disaster.

Goals for FY 91-92:

- * in view of the significant down turn in the economy and the resulting shortfall in state budget, maintain services at their current level and as in the past, place major program emphasis on the psychiatrically disabled patient.
- * develop two HUD 811, housing for the chronically mentally ill grants—one under the auspice of the Mental Health Association of Sumter County and one under the Kershaw County Mental Health Association.
- * if the mini-computer based management information system is funded, participate as a test site in the implementation of this project
- * develop with Hall Institute a community based training program for psychiatric residents.
- * examine the center's services to the patients who have both a psychiatric and a chemical abuse diagnosis, assessing treatment programs and strengthening staff training; and examining and strengthening center services and staff capability for persons with a psychiatric and mental retardation diagnosis.

In conclusion, the significant and continuing role of the center's board of directors needs to be acknowledged. These representatives of the citizens of their respective counties have been serious and

conscientious in their efforts to have the best set of services available for persons in these counties. It is only through community ownership that treatment programs can be successful.

Spartanburg Area Mental Health Center (Spartanburg, Union and Cherokee counties)

In addition to maintaining numerous programs serving large numbers of people, efforts were made toward specific goals that were enumerated in last year's annual report:

- * Clinical services were maintained, and, while there were always staff vacancies, recruiting, interviewing and hiring were constant. Ten staff were hired during FY 90-91.
- * The board building and grounds committee worked hard to arrive at presenting to Spartanburg County Council several options and one preference for sites and funding for a new facility for the Spartanburg Center. Assistance was also requested of SCDMH. The next steps rest with those two bodies. Council candidates were educated about our needs during their campaign.
- * Negotiations were completed with Upstate Carolina Medical Center. However, the budget/contracting freeze stopped implementation.
- * The restorative independent living skills living program (RILS) was fully implemented in Union County, and the expansion of RILS in Cherokee is near completion. When two more staff are hired in Cherokee County the RILS and the adolescent program will be fully implemented. Space, equipment and the majority of staff at the adolescent program were obtained this year.
- * There was a financial decision to freeze the intensive case manager position early in the fiscal year, so it remains vacant. However, the full-time hospital liaison position was filled and has begun to improve continuity of care.
- * The center remained financially solvent, ending the fiscal year with carry-over funds.
- * Because of concerns expressed by SCDMH, no public safety officer/security guard has been hired. However, a safety committee has been organized to assist in this area.
- * The Spartanburg area's first child psychiatrist is working for the center under contract.
- * New Day and Crossroads funding was increased.

Other accomplishments:

- * Staff development efforts were expanded this year to respond to requests/needs identified, including the staff credit for certain training for various disciplines.

- * Staff task forces identified specific ideas for improving services and a number of those were implemented.
- * Five weeks of summer day camp were provided this year for young center clients in two counties. Staff provided leadership in the establishment of the Spartanburg Homeless Coalition. Joint staffings continued with the Spartanburg Alcohol and Drug Abuse Commission.
- * The center participated in a series of disasters including the Persian Gulf war, a school bus wreck, and a drill at the chemical company.
- * We are co-funding and assisting with a public inebriate study to develop more economical and efficient methods of serving a difficult and costly small number of citizens.
- * TLC forums were held in Cherokee and Union counties.
- * A new file system was installed in the Spartanburg office along with some new procedures to improve our medical records and free up space for an additional clinical office.
- * In Spartanburg County alone 1,971 clients were assessed for services. Average open cases each month were: Spartanburg-2,377, Cherokee--472, and Union--244.

The following goals for FY 91-92 were established:

- * especially in the current economic crisis, to stay financially sound
- * complete the expansion of the restorative independent living skills (RILS) program and the adolescent program in Cherokee County
- * retain current staff and fill other clinical staff vacancies as funding is available including Spartanburg addictions specialist, assessment team slot, outpatient counselor, and the CSP nurse position in Cherokee County
- * continue to pursue contracts with emergency rooms in Cherokee and Union counties
- * continue efforts toward a new facility in Spartanburg County
- * consider filling one intensive case manager position and a public safety office/security guard position on contract.
- * maintain New Day funding at \$321,845.
- * provide computer linkup between Cherokee satellite clinic and the SAMHC Wang computer
- * increase the funding of Crossroads from \$11,340 to \$12,020 by the Mental Health Association of the Piedmont.
- * update phone system in Spartanburg.

Tri-County Mental Health Center

(Dillon, Chesterfield and Marlboro counties)

This year Tri-County Mental Health Center focused a lot of en-

ergy on improving the environment of the center.

Efforts were also aimed at more efficient use of our resources. The Dillon office received some remodeling. The Chesterfield office relocated to a safer, more accessible site, and \$1.28 million dollars were obtained from the paying patient's account to build a new facility in Bennettsville.

The Bennettsville clinical office and administrative office were relocated pending completion of the new facility.

The center's staff vacancy rate is the lowest it has been in many years, partly due to being able to offer a more inviting work place. Staff training has been a priority with the center, averaging 20 hours of training for the year.

Personal computers have been placed in each office. FAX machines were installed in each county, and upgraded phone systems in three offices have improved communications and streamlined some operations.

The center re-allotted staff so that there would be some outreach capacity in each county and established an intensive case-manager in Chesterfield County.

The quality assurance coordinator was allotted more time to devote to QA tasks. Computer services were enhanced by utilizing the expertise of an existing staff member.

The average length of time from discharge to being seen in the center is being reduced. The center's commitment rate, while still not where we want it, was down by 15 percent this year.

This center has developed an excellent continuum of services to support clients at different levels of independence. There is an in-home therapy program at one of our local boarding homes.

Clients can advance from this to an activity program housed next door to the boarding home. There are living skills programs in each county that prepare clients for independent living and help them find suitable housing. The center has developed strong relationships with local housing authorities.

Tri-County has given staff support to the new alliance for the mentally ill group in our area and to SHARE. Two of our clubhouse members recently attended the national meeting in San Francisco.

Center productivity continues to improve and local revenues have increased.

Goals for FY 91-92:

- * continue efforts to obtain needed adequate medical coverage
- * develop some employment services for center clients
- * implement the newly funded family preservation program
- * continue construction of Bennettsville facility
- * explore additional housing alternatives
- * train outreach staff in each county as eligibility specialists.

Waccamaw Center for Mental Health
(Georgetown, Horry and Williamsburg counties)

The Waccamaw Center maintained its focus on increasing services to the chronically mentally ill, children, and special programs during FY 90-91.

Renovations were completed in the Williamsburg County clinic, and funds were allocated for construction of a central facility in Horry County.

A review of service utilization during this period shows an increase in admissions to 2,246 and total direct service contacts of 76,267.

Services to individuals and families with a major psychiatric concern are being improved by development of a psychosocial clubhouse. A facility has been identified and a program outlined. Also, Waccamaw Housing has been incorporated and is in the process of identifying housing and funding.

Local short-term hospitalization continues through a memorandum of agreement, and 24-hour emergency coverage focuses on finding appropriate alternatives to placement in a state inpatient facility. Placement in those facilities has declined by 7.2 percent when compared to FY 89-90.

Interaction with other community agencies has begun to identify the special needs of the dually diagnosed and to establish community based care.

The center's commitment to children's services can be identified by the placement of staff (i.e. more clinicians are in this service than any other except chronic care), and by that staff's determination to utilize a variety of treatment techniques. For example, group therapy, educational groups, self-help groups, and summer camp programs are all alternatives. Total children's contacts for the period covered by this report were 6,294.

Special programs to meet community needs have been maintained and/or restructured. With the end of the Victims of Criminal Assault (VOCA) grant, the center funded the same services for children in the Just For Me program.

The minority outreach and homeless programs are well-known and well-utilized in our communities.

New programs include services for hearing impaired clients through installation of a telecommunications device, and publication of "The Other Voice" — an information and education newsletter of excellent quality.

Emphasis on fee collection has resulted in a significant improvement in that income. Collection has been computerized and all office staff play a role in increasing efficiency in this area. Income has increased by 20 percent from FY 89-90 to FY 90-91.

The center's goals for FY 91-92 will continue to reflect the emphasis of the SCDMH on treatment of chronic mental illness, and services to children and their families.

- * This ongoing transition will include the development of a liaison position within the center to upgrade communication with central facilities, and an increase in psychiatric service hours in Georgetown and Williamsburg counties.
- * If funding constraints allow, a psychosocial clubhouse will be opened and Waccamaw Housing, Inc., will begin offering housing and complete applications for HUD funds.
- * An emphasis will continue on children's services, with increased focus on chronic and/or major emotional dysfunctions. Utilization of group therapies, self-help groups, and community involvement will increase.
- * Since funds have been made available to construct a central facility, the coming year will involve planning, development, and construction of that office. The center continually assesses the permanent improvement needs of all clinics.
- * Several grant applications will be completed during the coming year, including the Healthy Start Initiative, a juvenile justice grant, and a family preservation grant in connection with the DMH central office. An emphasis on collection of third-party payment for fees will continue through improved identification of eligible clients, referral to appropriate agencies, and timely billing.
- * Finally, all staff will be encouraged to become more active in consultation and education activities in the recognition that this is a primary community mental health task.

INPATIENT SERVICES

Bryan Hospital

(G. Werber Bryan Psychiatric Hospital)

During FY 89-90, Bryan Hospital made major steps to meet its mission to provide acute psychiatric care to mentally ill patients. Staff placed emphasis on: state-of-the-art evaluations to more clearly recognize patients who are not mentally ill, but who are admitted involuntarily to an inpatient psychiatric facility; accurate diagnoses and timely treatment; and on the patients' rights issue of being treated in least restrictive environment.

Bryan Hospital increased its average number of admissions per month during the year by approximately 150, for a greater than 46 percent increase over FY 88-89, and to a high of 392 admissions to this 266-bed facility in June 1989.

Bryan Hospital remains the lowest cost-per-patient per-day of any acute-care psychiatric facility in the Department.

Bryan Hospital decreased its average daily census for FY 89-90 by over 50 patients, and, by not diverting any patients to S.C. State Hospital for admission after July 15, 1988, allowed SCSH an opportunity to improve overcrowding and reduce its census by approximately 50 patients.

Bryan Hospital added seven physicians to its staff, for a total of 15 psychiatrists, one internist and one board certified family practitioner. These additions are all fully trained American graduates and include three with board certification, two that have each completed two full residencies, and two with teaching affiliation with the University of South Carolina Medical School.

Bryan Hospital was licensed by the DHEC, was certified by the HCFA and received three-year accreditation (with no focal surveys) by the JCAHO.

For FY 90-91, Bryan Hospital's goal is to sustain its marked increase in productivity, to retain its highly trained and competent professional staff, and to maintain its current status with all licensing, certification and accrediting agencies.

Bryan Hospital will take over the admissions function from SCSH so that SCSH's mission may be more clearly defined and focused--extended care to the chronically mentally ill patient.

During FY 91-92, Bryan Hospital will establish closer ties with the psychiatric residency programs at the U.S.C. Medical School and the Medical University of South Carolina and with the mental health centers and other local outpatient services.

In summary, Bryan Hospital will strive in FY 90-91 to fully perform its mission in the most competent, efficient, humane and compassionate way possible.

Byrnes Center

(James F. Byrnes Medical Center)

James F. Byrnes Medical Center's mission is to provide acute inpatient and outpatient medical/surgical care to physically ill patients who have been admitted to S. C. Department of Mental Health facilities.

By contract, Byrnes also provides medical/surgical care to inmates of the S.C. Department of Corrections and custodial care to resistant/non-compliant tuberculosis patients committed by the S.C. Department of Health and Environmental Control (DHEC). Another population served by Byrnes are substance abuse clients. These patients represented approximately 41 percent of admissions in FY 91 and require medical detoxification and stabilization prior to discharge, or referral to Morris Village.

Byrnes continues to provide these services at approximately one-fourth the cost to obtain them in the community. While being economical, Byrnes does not compromise quality, as evidenced by our Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation.

FY 91 was a year of many changes for Byrnes Medical Center. Responding with sensitivity and flexibility to SCDMH patients' changing healthcare needs and associated delivery processes has created a need for significant activity in review, reorganization and program planning this year.

Most evident is a newly renovated second floor soon to be completed, where medical/surgical patients will be cared for in a bright, modern environment.

The management team leading the facility through these exciting organizational and physical changes has several new members including an acting director, director of professional services, and a new director of nursing service. Their theme is accountability and individual ownership of areas of responsibility directed toward promoting job satisfaction through the accomplishment of excellence in care.

Continuous quality improvement as reflected in JCAHO standards is being embraced at all levels.

The ongoing development of an emphasis in education resulted in a departmental-wide seminar, organized in FY 91 but held in August 92, was hosted by the Byrnes Medical Center continuing medical education program and was the first in the state to address the specific area of HIV issues in healthcare employees.

Byrnes Center was proud to have several employees involved in Desert Shield/Storm, and the facility rallied support through letters, donations and extra hours to cover those empty positions.

FY 91 goals addressed included the pressing issue of nurse

retention and recruitment. Recent efforts have been productive with promising national trends suggesting the nursing shortage may soon decrease.

The JCAHO surveyors in the facility during July 91 were positive with their comments, and a three-year accreditation is anticipated.

DHEC approved the facility's continued licensure. Asbestos abatement and project management is ongoing, and a balanced budget was achieved.

Goals for FY 92 are summed up under the multidisciplinary focus of continuous quality improvement. This means recognition of the value of the individual's contribution, regardless of organizational position.

Functionally, this translates into formal and informal communication through meetings, instruction and follow-up with frequent interaction between all levels of the organization in the pursuit of efficiency and improvement.

Recognizing human resources as the facility's greatest asset is the foundation of excellent patient care, which links our current nursing reorganization, detoxification program management, planned indepth monitoring of medical/surgical ambulatory care, development of an outreach/employee health program with the exciting new addition of OB-GYN consultation and screening preventive health measures such as mammography.

Campbell Veterans Nursing Home (Richard Michael Campbell Veterans Nursing Home)

The Campbell Veterans Nursing Home in Anderson was dedicated Nov. 14, 1990, and is currently licensed for 88 beds. The facility is managed by the PHP Corporation with the Dowdy-Gardner facility director serving as the liaison between the Department of Mental Health and PHP.

The primary goal for FY 91-92 is to continue meeting licensure, certification, and Veterans Administration requirements.

Crafts-Farrow (Crafts-Farrow State Hospital)

Crafts-Farrow State Hospital continues to serve as the geropsychiatric inpatient treatment facility for DMH, admitting those individuals (ages 60 and above) from across South Carolina who need both acute and long-term psychiatric care.

In addition to its 430 psychiatric beds, Crafts-Farrow manages a 70-bed intermediate-care facility for mentally ill/mentally retarded individuals and a 30-bed geriatric alcohol and drug abuse treatment unit. Both of these programs represent unique inpatient treatment innovations not available elsewhere in the state.

Crafts-Farrow's major accomplishments in FY 90-91 included:

- * For the fourth straight year, the facility successfully passed all state, federal and departmental licensing and certification surveys assuring continued facility participation in both the Medicare and Medicaid programs.
- * In October 1990, the "Opportunity Program (Op Shop)" was initiated in the Davis Building to provide an open ward environment for long-term patients preparing to return to the community. The program model focuses on a re-educational learning experience to teach daily living skills, community coping skills, communication skills and self-directed behavior management for patients who have resided in the facility for extended periods of time.
- * In April 1991, Crafts-Farrow opened the William Sloan Gandy Patient Activity Center that provides a therapeutic recreational area for patients to spend their free time. Funding for this project was provided entirely from donations given in memory of Dr. Gandy, a popular facility employee who died in 1989.
- * Clinical staffing, particularly in the ancillary service areas of social work and activity therapy, was enhanced to meet all federal regulatory requirements and to provide improved services to patients.
- * Major strides were made in improving the physical plant environment for patients by the completion of painting and extensive refurbishment of ward furnishings.
- * For the second consecutive year, the facility operated within a balanced budget due to internal improvements in financial accountability and utilization review activities.
- * Enhanced clinical efforts directed towards newly admitted patients have significantly reduced the average length of stay from 45 days to 30 days for these admissions, thereby minimizing the potentially debilitating effects of prolonged hospitalization.

Major facility goals for FY 91-92 are as follows:

- * maintain facility operations within budget allocation
- * continue clinical activities designed to reduce the inpatient population with emphasis placed on continuity of care programs involving community mental health centers
- * expand facility participation in federally sponsored reimbursement programs by certifying 60 additional beds for Medicare/Medicaid participation
- * enrich program offerings within the ICF/MR Program to assure maximum clinical benefit for the mentally ill/mentally retarded population referred to CFSH for treatment

- * maintain certification/licensure of all facility programs
- * recognizing the limitations of a difficult budget year, continue internal efforts to enhance the physical environment in patient care areas
- * initiate structured program plans for those remaining treatment units not presently operating under a comprehensive program plan model.

Dowdy-Gardner

(Dowdy-Gardner Nursing Care Center)

The mission of Dowdy-Gardner Nursing Care Center is to provide quality long-term care for the elderly residents of South Carolina who have a primary psychiatric disability with psycho-behavioral manifestations and complicating, secondary medical problems.

With the opening of the Campbell Veterans Nursing Home, the mission also includes the care of U. S. armed forces veterans who require nursing care services.

Dowdy-Gardner has a total licensed bed capacity of 572 beds, of which 564 are considered functional, due to requirements for isolation rooms and quiet rooms. An average daily census of 543 and an average length of stay of 1,043 days are projected.

Projected costs per resident-day by program are: Farmer Building \$86, Fewell Pavilion \$76, Rock Hill \$86.07, Campbell \$74.34; excluding indirect costs.

Dowdy-Gardner/Columbia

Major accomplishments FY 90-91:

- * opened the Richard M. Campbell Veterans Nursing Home in Anderson, S.C.
- * maintained licensure and certification for all programs with only minor deficiencies noted
- * provided quality care while staying within budget constraints
- * obtained certification for all mental health specialists as required by OBRA legislation
- * enhanced facility based inservices education by expanding the staff development function.

Major goals FY 91-92

- * maintain licensure and certification for all programs
- * maintain quality resident care while operating within budget
- * recruit and maintain licensed nursing staff at an adequate level, thus reducing nursing pool usage.

Dowdy-Gardner/Rock Hill

Facility operations continued to be provided by PHP Corporation for FY 90-91. The facility director is the designated liaison between the Department of Mental Health and PHP, and oversees the

quality of services provided to the residents.

The main goals for FY 91-92 are to maintain licensure and certification, and to obtain a new contractual agreement for the operation of the facility.

Hall Institute

(William S. Hall Psychiatric Institute)

The FY 90-91 was a time of transition for Hall Institute. With the retirement of Alexander G. Donald, M.D., at the end of FY 89-90, Donald W. Morgan, M.D., became the interim director and provided extremely capable leadership until the arrival in the fall of the new director, Larry R. Faulkner, M.D.

Faulkner used the first few months of his tenure to become familiar with the programs and staff at Hall Institute and to begin to build upon its strong base of educational, research, and clinical programs in a manner consistent with the 1990 Report of the Blue Ribbon Panel on the Future Role of Hall Institute.

Major accomplishments continue to be made at Hall Institute in a number of areas. The clinical programs for adults, children and adolescents, and forensic patients continue to improve in quality. All Hall Institute programs maintain Department of Health and Environmental Control, Health Care Finance Association and Joint Commission on Accreditation of Health Care Organizations certification. The educational programs in general psychiatry, child and adolescent psychiatry, and forensic psychiatry are all accredited, thriving and very popular.

The overall trend at Hall Institute in the future will be to maintain quality general programs required for excellent education of medical students, postgraduate physicians, and other mental health professionals and to continue the development of selected sub-specialty programs as well. In addition, Hall Institute will expand clinical, research, and educational programs in "ambulatory care" settings, including community, outpatient, emergency/crisis intervention, and consultation-liaison services. The interaction between Hall Institute and other components of the mental health system will be strengthened, and specific strategies will be developed to help generate revenues required to fund existing and proposed programs.

Major goals for the coming year can be subdivided into the various components of the Hall Institute's mission, including education, research, clinical service, and systems development.

In education, plans exist to expand community psychiatry training experiences for general and child psychiatry residents; develop an emergency psychiatry rotation and an on-call experience at RMH; expand the consultation-liaison rotation at Richland Memo-

rial Hospital; develop elective clinical and administrative training experiences in the DMH central office and in-state facilities and community mental health centers; develop a mental health specialist training program for DMH facilities; expand and better coordinate existing continuing education programs; and begin to plan for the development of sub-specialization training experiences in substance abuse and geropsychiatry.

In research, the recruitment process for a new associate director for research will begin, with the intention to hire a psychiatrist with special expertise in mental health systems research. This person will serve as a mentor and source of support for the research activities of the Hall Institute/Department of Neuropsychiatry faculty and staff. The Ensor Foundation funds will be used to initiate a small grants program to support pilot research projects in forensics, child and adolescent psychiatry, adult psychiatry, public psychiatry, etc.

In clinical service, the search process for a new associate director for child and adolescent psychiatry should be completed in the near future. Child and adolescent services will be expanded, at least temporarily, to include patients from the Harris Hospital catchment area. The Dix West Unit has been closed, and the Santee-Wateree catchment area unit will increase its liaison activities with the community mental health centers.

Every effort will be made to encourage more faculty to hospitalize their patients on the Shearouse Pavilion. The ultimate goal is to develop model public and private inpatient programs at Hall.

Planning is underway to examine the clinical needs of neurology, dual-diagnosis, and geropsychiatry patients at Hall Institute. The expansion of outpatient services will be examined with a focus on the feasibility of developing sub-specialty clinics.

Efforts will be made to continue to improve the structure and function of the Hall Institute continuous quality improvement, risk management and utilization review programs.

In systems development, a major activity will be to develop a new public psychiatry training program and to begin the recruitment process for its first director. This program will focus on public psychiatry training, research, and administrative consultation in DMH facilities and community mental health centers.

Hall Institute senior staff will continue to expand their involvement in DMH activities, including the Toward Local Care, Programs for Aggressive Community Treatment, research projects, administrative consultations, state plan development, etc.

Efforts will be made to expand the interaction between Hall Institute and the Department of Youth Services, Department of Corrections, Department of Mental Retardation, Richland Memorial

Hospital and other agencies and organizations.

In summary, the coming year holds much promise for Hall Institute to move well along toward meeting the vision outlined in the 1990 Blue Ribbon Report. The continuing challenge will be to strike a constructive balance between Hall Institute's mission of education, research, clinical service, systems development, and revenue enhancement.

Harris Hospital

(Patrick B. Harris Psychiatric Hospital, Anderson, S.C.)

Patrick B. Harris Psychiatric Hospital was completed in 1985 and began admitting patients Oct. 1, 1985. It is a regional psychiatric hospital serving the Piedmont region in South Carolina and is licensed to operate 206 short-term, acute-care beds. The facility serves patients residing in 14 counties—Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, and Union.

Harris Hospital's mission is to provide intensive, short-term psychiatric care and a substance abuse treatment program. The facility accepts voluntary admissions as deemed appropriate, involuntary (emergency) and judicial commitments, in accordance with current legal statutes and Department of Mental Health directives.

Harris Hospital provides services for adult males and females suffering from psychiatric illnesses, and up until July 1991, children and adolescents suffering from psychiatric illnesses.

During FY 90-91, Harris Hospital became the home of a specialty program serving hearing-impaired patients, who suffer from psychiatric illness.

Harris Hospital has 173 funded beds operational for FY 90-91. Thirty-three of the 206 licensed beds were unfunded.

Accomplishments during FY 90-91:

- * provided services to the following numbers of patients—adult psychiatric admissions 2,156; child/adolescent admissions 233; substance abuse admissions 411; hearing impaired psychiatric admissions 23
- * engaged in an active recruiting program for psychiatrists—two new psychiatrists are on board and two other psychiatrists are expected to join the staff in October 1991
- * continue to maintain an informal relationship with the Medical College of Georgia, Department of Psychiatry—Currently, seven psychiatric residents from the Medical College of Georgia, Department of Psychiatry, provide evening and weekend coverage to Harris Hospital. The hospital staff will continue to explore possibilities for methods to formalize and strengthen the relationship between Harris Hospital and the Medical

College of Georgia, Department of Psychiatry

- * received a favorable initial survey of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Goals for FY 91-92 include:

- * develop and implement procedures that will help the hospital meet its budget constraints without adversely affecting staff and patient care
- * reopen the child/adolescent program by vigorously making an effort to recruit a child psychiatrist.
- * provide stability and direction for staff to restore integrity and credibility to Harris Hospital.

Other goals:

- * continue to maintain certification from the Health Care Financing Administration (HCFA) for participation in the Medicare/Medicaid reimbursement program
- * continue efforts to recruit qualified psychiatrists; continue to recruit additional highly trained and appropriately skilled clinical and administrative staff members where funded vacancies exist
- * continue to develop a positive community image with the general public, advocacy groups, patients and their families, community mental health centers, as well as with the Harris Hospital staff
- * attempt to manage the census in an appropriate manner, while providing quality care
- * continue to document the need for funding for the entire bed complement of 206 beds. (For FY 91-92, 173 beds are funded, and 33 beds remain unfunded.)

Morris Village

(Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center)

Goals and progress for FY 90-91 included:

- * seek additional funds for bed expansion—We have been unsuccessful in identifying any additional funds for bed expansion
- * achieve an appropriate balance between voluntary and involuntarily committed patients—Approximately 40 to 50 percent of the patient population is voluntary at any given time
- * maintain length of stay for FY 90-91 of approximately 27 days, with programmatic changes—The average length of stay for FY 90-91 was maintained at 27.4 days.
- * commit to human resources: a) continue to provide ongoing staff development regarding the process of addictions and recovery; b) utilizing both inservice and community-based training and workshop experiences, ensure that each staff member receives a minimum of 20 hours of training annually,

- and c) address training to the changing characteristics of Morris Village's population—Almost 60 hours of inservice training have occurred at Morris Village, which directly address both addictions and recovery. Staff have accumulated an average of more than 28 hours per staff member.
- * continue to expand academic linkages—We have continued to provide placements and/or a temporary work setting for 29 students this fiscal year, including medical, nursing, psychology and CPE students.
 - * continue efforts to recruit a psychiatrist with experience in addictions and dually-diagnosed patients—We have successfully recruited a psychiatrist.
 - * reduce staff turnover by 25 percent—Staff turnover was reduced by one-third.
 - * maintain current staff levels—We have been able to maintain our level of staffing with minimal growth, up until the end of the fiscal year when budget restraints necessitated keeping some positions unfilled.
 - * pursue the recruitment of an auditor to assist clerks of court and other judicial personnel by monitoring county collections and reconciling them with the fines levied—The auditor has been recruited and is actively involved in reconciling fines levied and collections forwarded.
 - * The Village is undergoing an administrative reorganization to provide closer, more intense clinical and administrative supervision of the treatment program, and to expand the role of the assistant director to include additional administrative duties and ongoing liaison with community mental health centers, local alcohol and drug abuse commissions and probate courts—Administrative reorganization has been completed, and all above stated goals have been accomplished.
 - * within the first quarter of the fiscal year, significantly increase Morris Village's access to the management information system—Goal accomplished. Four additional terminals have been installed and are currently in use.
 - * implement a significant part of the Morris Village capital development plan by July 1, 1991, to meet the Department of Health and Environmental Control requirements—A significant part of the Morris Village capital improvement plan has been implemented.
- Other accomplishments:
- * treatment program—Several components were added to the treatment program including the development of daily goals by patients, a daily wellness walk, the addition of a big book study group (recovery materials), a revision in the family

education program. Several additional areas are being addressed in treatment such as sexual abuse discussion groups for women, relapse prevention presentations, and dealing with anger and grief.

- * Several changes in the structure and function of staff at Byrnes Medical Center's third floor have resulted in an improved relationship with the medical staffs of both facilities, improved continuity of care, improved assessments and more appropriate treatment groups at Byrnes.

State Hospital

(South Carolina State Hospital)

For FY 90-91 the South Carolina State Hospital was able to complete work on the following goals:

- * Justice Department Consent Decree--The official notice of the dismissal of the consent decree was received during this fiscal year. This marked the completion of a multi-year and multimillion dollar process that enabled the S.C. State Hospital to become the only hospital in the United States to have successfully completed full compliance with a Justice Department Consent Decree within a mandated time frame, without having to remain under scrutiny in the future.
- * Joint Commission on Accreditation of Hospital Organizations--The S.C. State Hospital had three focused surveys and submitted two written progress reports during the year, which resulted in the removal of all Type I recommendations, with the exception of the actual construction techniques that were utilized in the old buildings that make up our patient care areas. This is also the first time in the history of S. C. State Hospital that there were no operational Type I recommendations to be reviewed for the next full accreditation survey.
- * Census--S.C. State Hospital has continued to reduce the census of the hospital by consolidating programs and refining clinical treatment processes for the various units. The transfer of appropriate patients back to the Department of Mental Retardation and to the ICF-MR at Crafts-Farrow has allowed us to close three wards in the Preston Building. The overall patient census has declined from 541 in June 1990 to 502 in June 1991.
- * Pharmacy Support--During this fiscal year, S.C. State Hospital began providing unit dose pharmacy services to the patients at Hall Institute. This program has provided substantial savings to the department by negating the duplication of services within two inpatient facilities. This provision of services has

been a great success and should assist Hall Institute with future accreditation surveys by the Joint Commission.

The initiation of a hospital/community study to reduce recidivism from medication non-compliance is also bearing fruit by educating all players in the process to the extreme importance of medication compliance. This project is on-going to provide this expertise to community mental health setting.

- * **Community Liaison**--The Department of Social Work Services is involved in a project with the Charleston Area Mental Health Center that has completely evaluated all S.C. State Hospital patients from that catchment area and provided the list of identified resources that will need to be developed by that mental health center to adequately place their patients back into the community. This evaluation process is now being extended to all SCSH patients, so that results can be used in the community mental health system to develop the proper resource base in the communities of South Carolina.

This fiscal year, we maintained the tremendous progress made in our therapeutic environment and have noticed that patients and staff are more positive in their approach to clinical interactions as a result of the improved environment.

The major thrust for FY 91-92 will be to work with consultants from the Camarillo/UCLA Research Center to implement a psychiatric rehabilitation model at SCSH.

This model will be adapted for all patient populations as this hospital continues to refine treatment programs to meet the needs of chronically mentally ill patients in South Carolina.

Tucker Center

(C.M. Tucker Jr. Human Resources Center)

During the year, Tucker Center experienced many changes that contributed to continued improvement in care for its residents.

Driven by full implementation of the federal Omnibus Reconciliation Act of 1987 (OBRA), licensing and accrediting bodies recognized the comprehensive quality care that has made Tucker Center unique among nursing homes.

Some of the major accomplishments for FY 90-91 include:

- * reorganized staff and reporting assignments, which improved accountability, communication and effectiveness
- * certified by the Department of Health and Environmental Control and the U. S. Health Care Financing Administration
- * accredited by the Joint Commission on Accreditation of Healthcare Organizations—If additional documentation, which is being submitted, leads to a JCAHO Award of Commendation as expected, Tucker Center will be the only nursing home

in South Carolina so recognized and will be one of only three in the entire United States.

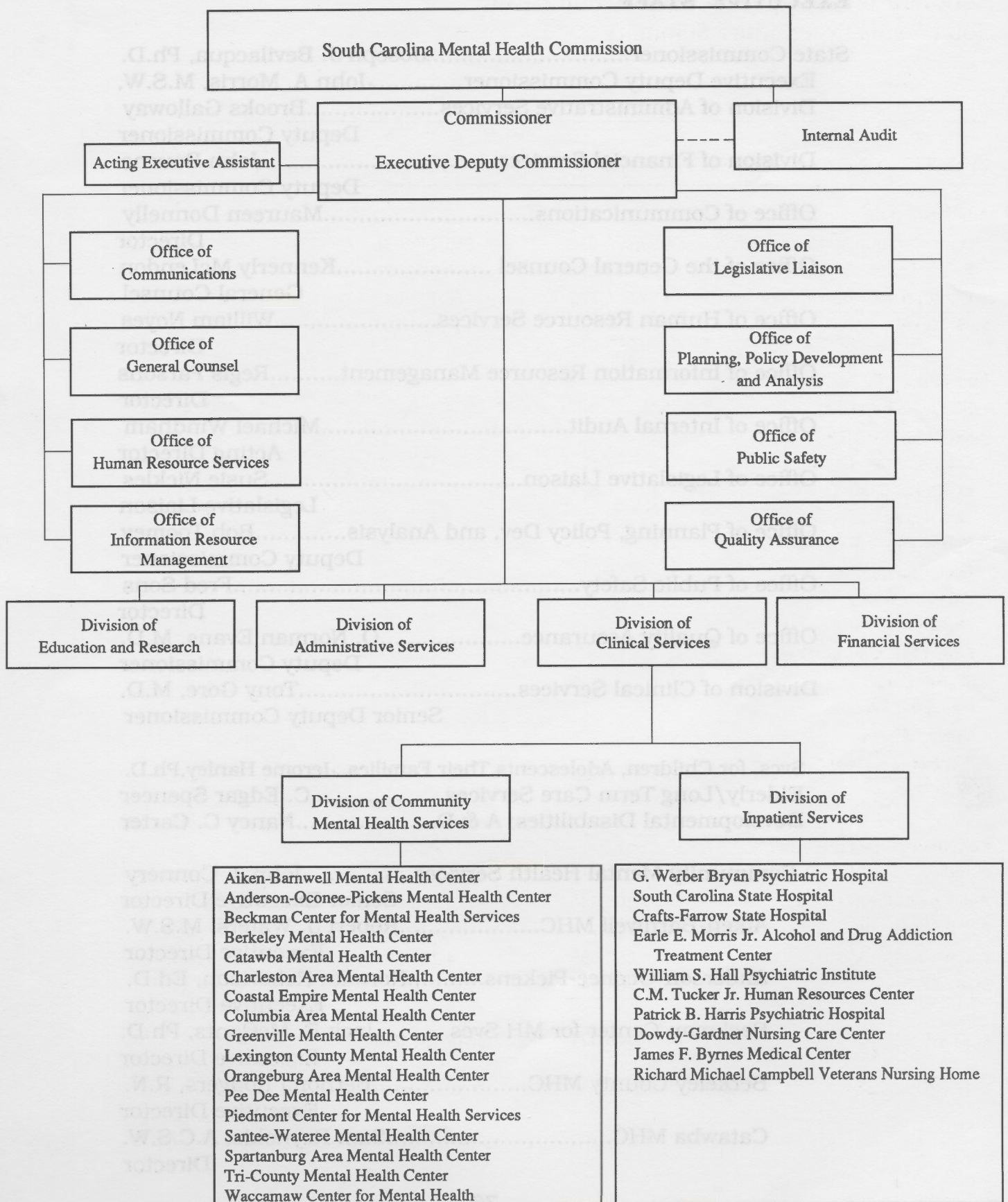
- * increased emphasis on rehabilitation services—As a result, decubitus ulcers were reduced to the lowest number ever and, through the feeding training program, residents who had lost the ability to feed themselves regained the needed skills. Residents began an exercise program to increase muscle tone, strength, balance and endurance. This program proved to be very successful.
- * trained an expanded number of professionals—A rotation for family practice and internal medicine residents was initiated and a physical therapy extern was placed at Tucker Center. Placements continued for nursing students, MSW students and activity therapy interns.
- * implemented all provisions of OBRA legislation, which radically altered the requirements for nursing homes—The comprehensive Resident Assessment Instrument became the standard in conjunction with expanded interdisciplinary planning. Prior practice at Tucker Center placed it in a position to easily implement these provisions.
- * certified all medical health specialists under the requirements of OBRA
- * implemented a restraint reduction program—"Project 134" demonstrated that both physical and chemical restraints can be successfully withdrawn from most residents. Its success led to the reduction in restraint use center-wide.
- * improved efficiency, which reduced projected expenditures—Pool nursing costs were reduced over 40 percent below the previous fiscal year, and Tucker Center ended the year in the black.
- * commenced facility-wide renovation to provide a more attractive, stimulating and home-like environment
- * implemented and computerized a Continuous Quality Improvement program to ensure ongoing enhancement of the quality of all areas, administrative as well as clinical
- * expanded the successful volunteer services program--A Tucker volunteer was chosen the DMH Volunteer of the Year.
- * started a comprehensive wellness program for all employees
- * published two issues of a professional, attractive and informative newsletter.

South Carolina Department of Mental Health

Total Funds Expenditure Summary

Expenditure Summary by Program	FY87	FY91	Percent Change FY87 - FY91
Administration:			
Administration and Support	\$8,026,050	\$10,217,636	27.31%
Public Safety	2,823,078	3,245,773	14.97%
Consolidated Support Services	14,606,592	18,221,888	24.75%
SUB-TOTAL	\$25,455,720	\$31,685,297	24.75%
Inpatient Facilities:			
SC State Hospital	\$21,815,562	\$28,140,769	28.99%
Crafts-Farrow State Hospital	20,113,752	21,188,755	534%
Crafts-Farrow ICF/MR	1,544,634	2,300,029	48.90%
Bryan Hospital	9,554,438	14,563,139	52.42%
Harris Hospital	7,202,601	11,989,238	66.46%
Byrnes Medical Center	\$9,049,514	\$11,483,428	26.90%
Hall Institute	\$14,109,120	\$20,340,455	44.17%
Dowdy-Gardner/Farmer	\$3,775,389	\$4,780,975	26.64%
Dowdy-Gardner/Fewell	2,347,187	3,704,603	57.83%
Dowdy-Gardner/Rock Hill	2,647,719	7,494,422	183.05%
Tucker Center	10,671,420	12,931,420	21.18%
Campbell VA	0	814,915	
Morris Village	\$4,346,322	\$5,824,922	34.02%
Alcohol and Drug Contracts	242,202	320,667	32.40%
SUB-TOTAL	\$132,875,580	\$177,565,034	33.63%
Community Mental Health:			
Centers	\$32,673,913	\$58,758,065	79.83%
Autistic Children	1,309,345	2,139,301	63.39%
S.C. Psychosocial Rehab.	714,128	1,436,557	101.16%
Projects and Grants	867,555	4,294,699	395.03%
SUB-TOTAL	\$35,564,941	\$66,628,622	87.34%
SCDMH TOTAL	\$168,440,521	\$244,191,656	44.97%

S.C. DEPARTMENT OF MENTAL HEALTH



EXECUTIVE STAFF

State Commissioner.....Joseph J. Bevilacqua, Ph.D.
Executive Deputy Commissioner.....John A. Morris, M.S.W.
Division of Administrative Services.....Brooks Galloway
Deputy Commissioner
Division of Financial Services.....John Bourne
Deputy Commissioner
Office of Communications.....Maureen Donnelly
Director
Office of the General CounselKennerly McLendon
General Counsel
Office of Human Resource Services.....William Noyes
Director
Office of Information Resource Management.....Regis Parsons
Director
Office of Internal Audit.....Michael Windham
Acting Director
Office of Legislative Liaison.....Susie Nickles
Legislative Liaison
Office of Planning, Policy Dev. and Analysis.....Bob Toomey
Deputy Commissioner
Office of Public Safety.....Fred Sons
Director
Office of Quality Assurance.....O. Norman Evans, M.D.
Deputy Commissioner
Division of Clinical Services.....Tony Gore, M.D.
Senior Deputy Commissioner

Svcs. for Children, Adolescents, Their Families..Jerome Hanley, Ph.D.
Elderly/Long Term Care Services.....C. Edgar Spencer
Developmental Disabilities; A & D.....Nancy C. Carter

Community Mental Health Services.....John J. Connery
Senior Executive Director
Aiken-Barnwell MHC.....Robert J. Waters, M.S.W.
Executive Director
Anderson-Oconee-Pickens.....Norman Robertson, Ed.D.
Executive Director
Beckman Center for MH Svcs.....Jack E. McCants, Ph.D.
Executive Director
Berkeley County MHC.....Bernona Rodgers, R.N.
Executive Director
Catawba MHC.....Sam Reynolds, A.C.S.W.
Director

Charleston Area MHC.....	Thomas G. Hiers, Ph.D. Executive Director
Coastal Empire MHC.....	Ramon Norris, M.S. Executive Director
Columbia Area MHC.....	Kemper Breeding, M.A. Executive Director
Greenville MHC.....	Norman Desrosiers, M.D. Director
Lexington County MHC.....	Malcolm Stasiowski, M.S.W. Executive Director
Orangeburg Area MHC.....	Thomas E. Foley, M.A. Executive Director
Pee Dee MHC.....	Charles E. Bevis, Ph.D. Executive Director
Piedmont Center for MH Services.....	Joe James Executive Director
Santee-Wateree MHC.....	William P. Parker, M.S.W. Executive Director
Spartanburg Area MHC.....	William S. Powell, M.D. Director
Tri County MHC.....	Janice Rozier, M.S.W. Executive Director
Waccamaw Center for MH.....	James W. Pearson, Ed.D. Executive Director
Inpatient Services	
Bryan Hospital.....	Sidney G. Alston, M.D. Director
Byrnes Medical Center.....	Hilda White, M.D. Acting Director
Campbell Veterans Nursing Home....	Shielda Friendly, NHA Management Oversight Director
Crafts-Farrow State Hospital.....	L.Gregory Pearce Director
Dowdy-Gardner	Shielda Friendly, NHA Director
Hall Institute.....	Larry Faulkner, M.D. Director
Harris Hospital.....	Jaime E. Condom, M.D. Acting Director
Morris Village.....	Lloyd Lachicotte Director
S.C. State Hospital.....	Jaime E. Condom, M.D. Director
Tucker Center.....	Lee Woodbury, M.D. Director

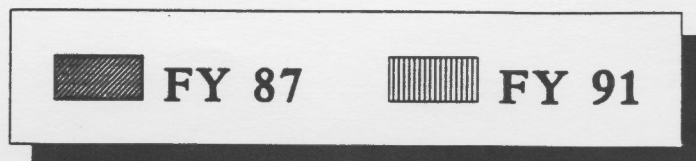
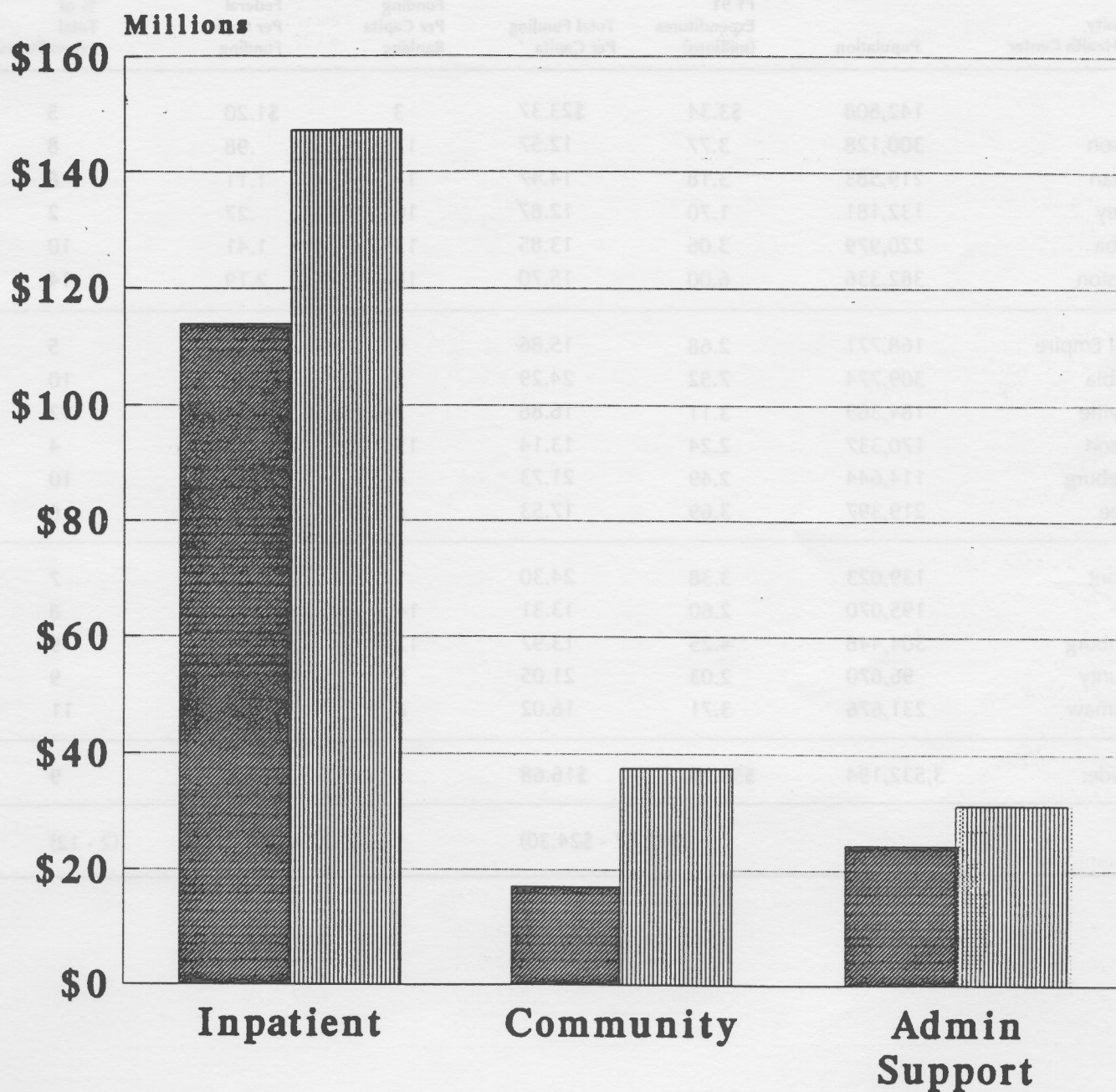
South Carolina Department of Mental Health

State Appropriations Summary

State Appropriation by Program	FY87	FY91	Percent Change FY87 - FY91
Administration:			
Administration and Support	\$7,194,186	\$9,641,701	34.02%
Public Safety	2,822,866	3,597,277	27.43%
Consolidated Support Services	14,316,136	18,022,323	25.89%
SUB-TOTAL	\$24,333,188	\$31,261,301	28.47%
Inpatient Facilities:			
SC State Hospital	\$21,152,456	\$28,013,120	32.43%
Crafts-Farrow State Hospital	16,479,674	17,209,690	4.43%
Crafts-Farrow ICF/MR	905,686	584,830	-35.43%
Bryan Hospital	9,309,744	13,253,052	42.36%
Harris Hospital	6,795,435	11,720,867	72.48%
Byrnes Medical Center	8,633,247	\$11,267,879	30.52%
Hall Institute	12,905,368	\$12,593,639	-2.42%
Dowdy-Gardner/Farmer	2,007,820	\$2,410,998	20.08%
Dowdy-Gardner/Fewell	636,720	1,607,489	152.46%
Dowdy-Gardner/Rock Hill	1,491,479	3,754,714	151.74%
Tucker Center	6,109,640	7,754,606	26.92%
Campbell VA		991,874	46.10%
Morris Village	2,996,630	4,378,206	69.69%
Alcohol and Drug Contracts	242,202	411,000	
SUB-TOTAL	\$113,999,288	\$147,213,265	29.14%
Community Mental Health:			
Centers	\$15,212,081	\$32,485,500	113.55%
Autistic Children	1,249,993	1,974,656	57.97%
S.C. Psychosocial Rehab.	251,894	1,162,981	361.69%
Projects and Grants	408,855	2,893,057	607.60%
SUB-TOTAL	\$17,122,822	\$37,516,194	124.94%
SCDMH TOTAL	\$131,122,111	\$185,729,459	41.65%

DMH State Appropriations

Fiscal Year 87 vs Fiscal Year 91



Community Mental Health Center Per Capita Funding

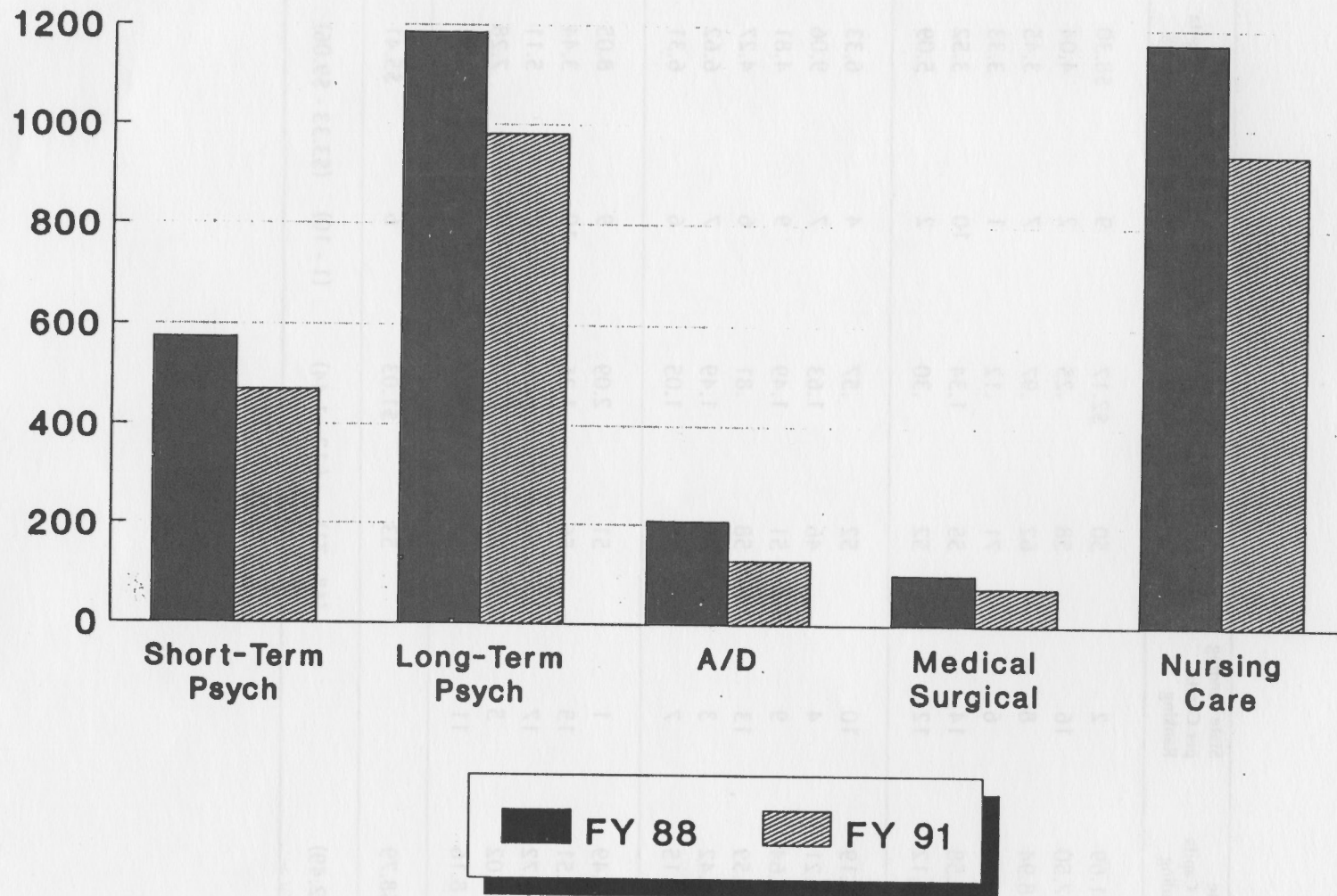
Fiscal Year 1991

Community Mental Health Center	Population	FY 91 Expenditures (millions)	Total Funding Per Capita	Funding Per Capita Ranking	Federal Per Capita Funding	% of Total Expenditures
Aiken	142,808	\$3.34	\$23.37	3	\$1.20	5
Anderson	300,128	3.77	12.57	17	.98	8
Beckman	219,583	3.18	14.47	11	1.11	8
Berkeley	132,181	1.70	12.87	16	.27	2
Catawba	220,979	3.06	13.85	13	1.41	10
Charleston	382,336	6.00	15.70	10	2.19	14
Coastal Empire	168,771	2.68	15.86	9	.76	5
Columbia	309,774	7.52	24.29	2	2.39	10
Greenville	184,369	3.11	16.88	7	1.94	12
Lexington	170,337	2.24	13.14	15	.47	4
Orangeburg	114,644	2.49	21.73	4	2.20	10
Pee Dee	219,397	3.69	17.53	6	1.01	6
Piedmont	139,023	3.38	24.30	1	1.67	7
Santee	195,070	2.60	13.31	14	1.10	8
Spartanburg	304,448	4.25	13.97	12	1.19	9
Tri County	96,670	2.03	21.05	5	1.81	9
Waccamaw	231,676	3.71	16.02	8	1.82	11
Statewide:	3,532,194	\$58.76	\$16.68		\$1.44	9
Range		(\$12.57 - \$24.30)		(\$1.27 - \$2.59)		(2 - 12)

State Per Capita Funding	State Funding per Capita Ranking	% of Total Expenditures	Paying Pt. Per Capita Funding	% of Total Expenditures	Local Per Capita Funding	Local Funding Rank	% of Total Expenditures
\$11.69	2	50	\$2.17	9	\$8.30	2	36
7.50	16	58	.25	2	4.04	12	32
8.94	8	62	.97	7	3.45	14	24
9.14	6	71	.12	1	3.33	16	26
7.58	14	55	1.34	10	3.52	13	25
8.12	12	52	.30	2	5.09	9	31
8.19	10	52	.57	4	6.33	6	40
11.21	4	46	1.63	7	9.06	1	37
8.64	9	51	1.49	9	4.81	9	29
7.59	13	58	.81	6	4.27	11	33
11.42	3	53	1.49	7	6.62	5	31
9.15	7	52	1.05	6	6.31	7	36
12.49	1	51	2.09	9	8.05	3	33
7.51	15	56	1.26	10	3.44	15	26
6.72	17	48	.96	7	5.11	8	37
11.02	5	52	.94	5	7.28	4	35
8.16	11	51	1.23	8	4.81	10	30
\$8.79		53	\$1.03	6	\$5.41		32
(\$7.30 - \$12.49)		(48 - 71)	(.12 - 1.44)	(1 - 10)	(\$3.33 - \$9.06)		(24 - 40)

DMH Hospital Average Daily Census

Fiscal Year 88 vs Fiscal Year 91



Departmental Hospitals Average Populations **Fiscal Year 1991**

Facility	Average Daily Population FY 88	Average Daily Population FY 91	Population Change	% of Change
Psychiatric				
Short Term Intensive				
Harris	171	141	-30	-18
Bryan	225	180	-45	-20
Hall	178	149	-29	-29
Chronic				
SCSH	658	508	-150	-23
CFSH	528	473	-55	-10
Specialty				
Morris Village (A&D)	208	128	-80	-38
Byrnes (Med/Surg)	101	75	-26	-26
Long Term Nursing Care				
Tucker	600	400	-200	-33
DGNCC	572	487	-85	-15
VA - Campbell	—	—	—	—
Hospital Totals	3241	2541	-700	-22

Hours of Clinical Services Provided by Community Mental Health Centers and Average Cost per Hour Calendar Year 1990

Community Mental Health Center	Crisis Mgt.	Assessment	Ind. Therapy	Family Therapy	Group Therapy	Rehab. Psychosocial Therapy*	Restorative Indep. Living Skills*	Non-Hospital Intensive Care*
Region A								
Aiken	1,375	3,640	6,586	969	467	2,837	7,290	1
Catawba	2,278	5,901	3,163	714	1,412	3,726	9,432	1,425
Columbia	903	7,784	9,179	2,549	969	3,634	15,240	7,230
Lexington	667	1,813	3,696	832	492	415	4,054	4
Region B								
A-O-P	583	6,052	4,886	1,246	2,853	5,439	8,256	4,062
Beckman	635	2,731	6,135	461	70	930	10,506	0
Greenville	434	3,201	4,930	2,222	1,246	1,325	497	3,519
Piedmont	267	2,655	5,724	1,320	178	7,174	3,678	278
Spartanburg	1,180	5,622	10,560	1,185	1,857	1,664	3,760	2,734
Region C								
Pee Dee	422	2,591	5,690	660	1,733	405	16,829	0
Santee-Wateree	1,211	3,815	5,060	2,699	331	823	10,486	792
Tri-County	1,012	2,541	2,170	231	341	2,142	4202	4
Waccamaw	2,095	4,299	7,208	1,822	940	348	13,683	0
Region D								
Berkeley	1,109	3,465	3,117	1,036	857	280	6,759	1,653
Charleston	1,400	7,704	5,911	2,322	2,499	2,816	12,659	0
Coastal Empire	514	3,372	4,289	964	173	18	10,769	0
Orangeburg	1,304	1,810	7,615	747	1,104	0	7,471	2,128
The State	17,567	69,677	97,802	21,975	17,527	34,343	147,719	23,554
% of Total	3	11	16	4	3	6	24	4

*These services are primarily provided to seriously mentally ill clients

** Center for Independent Living not included.

Medication Compliance Group*	Injectable Medication Admin.*	Medication Monitoring*	Psych/Med Assess.*	Targeted Case Management*	Basic Living Skills*	Ind. Living Skills*	Youth Treatment	Total Clinical Hours**	Average Cost Per Hour
1	317	844	1,275	1,644	3,590	1,943	0	32,777	\$68
408	546	141	3,042	3,258	0	319	0	35,767	68
3	1,467	1,200	11,407	8,931	0	2,291	0	72,786	83
505	451	255	2,579	1,089	0	17	0	16,865	98
1,191	596	475	2,117	446	3,616	80	0	41,898	78
470	821	878	4,089	4,205	0	13	0	31,946	76
619	515	934	3,093	519	0	45	0	23,098	120
271	175	252	1,632	1,326	14,404	0	0	40,855	54
131	1,135	319	3,264	1,776	1,178	571	0	36,935	89
424	632	2,070	2,362	227	0	1	4,889	38,936	81
531	1,925	2,744	2,280	2,427	1	149	0	35,272	63
104	408	433	1,837	1,640	4	2	0	17,072	87
1,196	1,140	696	2,674	2,523	2	818	0	39,444	78
0	141	171	2,894	546	46	1	0	22,075	61
1	1,727	2,157	10,380	10,288	0	9,036	0	68,899	78
0	776	744	2,487	345	0	0	0	24,450	92
154	998	1,327	2,460	1,499	0	245	0	28,862	63
6,034	13,960	16,373	60,872	44,448	22,840	19,599	4,889	609,423	\$79
1	2	3	10	7	4	3	.8		

Community Mental Health Center Admissions, Discharges, Caseloads and Days of State Hospital Services Used

Fiscal Year 1991

Community Mental Health Center	Admissions	Discharges	End of Period Caseload ¹	Days of State Hospital Used	Days of State Hospital Use Per 100,000	% of Change FY90-FY91
Region A						
Aiken	1,091	1,046	1,160	37,861	26,512	7
Catawba	1,106	999	1,433	60,119	27,206	-8
Columbia	4,227	4,449	3,861	166,320	53,691	-7
Lexington	683	786	941	63,047	37,013	-3
Region B						
A-O-P	3,188	2,684	3,014	54,099	18,025	-10
Beckman	1,831	1,860	1,711	55,638	25,338	-9
Greenville/Piedmont	3,095	3,216	3,462	81,912	25,329	-15
Spartanburg	2,263	2,525	2,988	89,165	29,287	-12
Region C						
Pee Dee	1,873	1,990	1,790	53,871	25,605	-1
Santee-Wateree	1,226	958	2,220	45,871	23,515	-11
Tri-County	508	573	1,080	39,509	40,870	-1
Waccamaw	1,530	1,298	2,215	40,761	17,594	2
Region D						
Berkeley	653	628	778	13,098	9,909	-2
Charleston	1,614	1,413	1,912	64,032	16,748	1
Coastal Empire	993	1,030	1,090	26,507	15,706	1
Orangeburg	1,297	1,115	1,665	35,055	30,577	-5
Total	27,178	26,570	31,320	926,865	26,308	-6

¹ End of period caseload is the number of people who were on the center's caseload as of June 30, 1991

Percent of Psychiatric Admissions to Psychiatric Hospitals Screened by Community Mental Health Centers for Fiscal Year 1991

Community Mental Health Center	FY 90	FY 91	Variance
	Percent	Percent	
Region A	95.5 %	97.2 %	1.7 %
Aiken	95.5	97.0	1.5
Catawba	94.9	97.7	2.9
Columbia	95.4	96.9	1.5
Lexington	96.5	97.7	1.3
Region B	95.4	92.4	-3.0
A-O-P	91.4	86.3	-5.0
Beckman	96.0	94.4	-1.6
Greenville/Piedmont	96.8	95.1	-1.7
Spartanburg	96.7	93.8	-2.9
Region C	95.1	96.9	1.8
Pee Dee	98.3	98.5	0.2
Santee-Wateree	82.1	89.3	7.1
Tri-County	97.8	97.9	0.1
Waccamaw	97.7	99.3	1.7
Region D	96.0	96.5	0.5
Berkeley	98.5	96.6	-1.9
Charleston	94.9	96.2	1.3
Coastal Empire	96.5	97.0	0.5
Orangeburg	96.8	96.7	-0.1
The State	95.5	95.3	-0.1

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH, CFSH & Bryan.

Includes admissions to Harris on psych. papers.

Includes the Children's Unit admissions at WSHPI.

Includes Santee-Wateree Non-Forensic admissions to WSHPI.

The FY 90 percent is the percentage of psychiatric admissions to Psych. hospitals screened by CMHCs for that fiscal year.

The variance is the difference between the FY 90 and the FY 91 percents.

Admissions, Discharges, Population, and Staffing Level at Departmental Hospitals Fiscal Year 1991

Facility	FY 91 Admissions	FY 91 Discharges	FY 91 Year End Population	Average Daily Population		Clinical Staff to Patient Ratio FY 91*
				FY 88	FY 91	
Psychiatric						
Short Term Intensive						
Harris	2,811	2,656	138	171	141	.59
Bryan	3,823	3,467	174	225	180	.56
Chronic						
SCSH	21	496	518	658	508	.85
CFSH	602	682	495	528	473	.95
Children/Forensic						
Hall Insititute	(399/367)	(298/234)	(40/7)	(56/67)	(47/48)	.39
Specialty						
Morris Village (A&D)	2,554	2,315	157	208	128	1.47
Byrnes (Med/Surg)	439	441	45	101	75	.56
Long Term Nursing Care						
Tucker	70	94	373	600	400	1.23
DGNCC	0	3	477	572	487	1.39
Campbell Veterans Home	—	—	—	—	—	—

Harris - Patrick B. Harris Psychiatric Hospital
 Bryan - G. Werber Bryan Psychiatric Hospital
 SCSH - South Carolina State Hospital
 CFSH - Crafts-Farrow State Hospital
 Hall - William S. Hall Psychiatric Institute
 Morris Village - Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center
 Byrnes - James F. Byrnes Medical Center
 Tucker - C. M. Tucker Jr. Human Resource Center
 DGNCC - Dowdy-Gardner Nursing Care Center
 Campbell - Richard Michael Campbell Veterans Nursing Home

Departmental Hospitals Operating Expenditures and Average Cost Per Patient

Fiscal Year 1991

(Hall Institute not included)

Facility	Total Expenditures (Millions) FY 91	Average Annual Cost Per Patient FY 91	Average Daily Cost Per Patient		% of Change
			FY 90	FY91	
Psychiatric					
Short Term Intensive					
Harris	\$12.24	\$86,809	\$191	\$238	25
Bryan	14.82	82,333	182	226	24
Chronic					
SCSH	28.48	55,603	125	154	23
CFSH	24.35	51,480	111	141	27
Specialty					
Morris Village (A&D)	5.90	46,094	89	126	42
Byrnes (Med/Surg)	11.84	157,867	327	433	32
Long Term Nursing Care					
Tucker	12.87	32,175	73	88	21
DGNCC	16.84	34,579	74	95	28
VA - Campbell	—	—	—	—	—
Hospital Totals	\$148.24	\$59,367	\$115	\$163	41

Psychiatric Hospital Admissions Rates per 100,000 Population for Fiscal Year 90-91

Community Mental Health Center	FY 90	FY 91		Variance
	Rate	# of Adms	Rate	
Region A	258.2	2,044	242.2	-6.2 %
Aiken	123.1	200	140.0	13.8
Catawba	189.1	399	180.6	-4.5
Columbia	391.5	1,090	351.9	-10.1
Lexington	210.4	355	208.4	-9.0
Region B	245.9	2,705	235.7	-4.1
A-O-P	207.1	680	226.6	9.4
Beckman	226.1	519	236.4	4.6
Greenville/Piedmont	283.4	814	251.7	-11.2
Spartanburg	259.4	692	227.3	-12.4
Region C	216.8	1,657	225.8	4.1
Pee Dee	264.6	587	279.0	5.4
Santee-Wateree	153.8	298	152.8	-0.7
Tri-County	339.9	336	347.6	2.3
Waccamaw	170.2	436	188.2	10.5
Region D	135.6	1,115	139.7	3.0
Berkeley	91.5	118	89.3	-2.4
Charleston	145.5	521	136.3	-6.4
Coastal Empire	120.1	265	157.0	30.8
Orangeburg	179.0	211	184.0	2.8
The State	216.5	7,521	213.5	-1.4

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH, CFSH & Bryan.

Includes admissions to Harris on psych. papers.

Includes Children's Unit admissions at WSHPI.

Includes Santee-Wateree Non-Forensic admissions to WSHPI.

The number of admissions is the number of total admissions.

The admission rates are annualized.

The variance is the percentage difference between the FY 90 and the FY 91 rates.

An estimate of the 1991 population is used to calculate the admission rates.

Psychiatric Readmission Rates to Psychiatric Hospitals for Fiscal Year 1991

	FY 90	FY 91		Variance
	Rate	# of Adms	Rate	
Region A	66.7 %	1,313	64.2 %	-2.4 %
Aiken	58.2	103	51.5	-6.7
Catawba	63.6	243	60.9	-2.7
Columbia	71.1	760	69.7	-2.0
Lexington	56.9	207	58.3	1.4
Region B	54.2	1,435	53.0	-1.1
A-O-P	51.5	333	49.0	-2.5
Beckman	57.9	286	55.1	-2.8
Greenville/Piedmont	55.6	462	56.8	1.2
Spartanburg	52.2	354	51.2	-1.0
Region C	58.1	969	58.5	0.4
Pee Dee	61.4	363	61.8	0.4
Santee-Wateree	48.3	139	46.6	-1.7
Tri-County	66.0	216	64.3	-1.8
Waccamaw	53.5	251	57.6	4.0
Region D	54.9	622	55.8	0.9
Berkeley	45.0	72	61.0	16.0
Charleston	56.8	285	54.7	-2.1
Coastal Empire	52.6	142	53.6	1.0
Orangeburg	58.0	123	58.3	0.3
The State	58.6	4,339	57.7	-1.0

SCDMH Psychiatric Readmissions:

Includes all readmissions to SCSH, CFSH & Bryan.

Includes readmissions to Harris on psych papers.

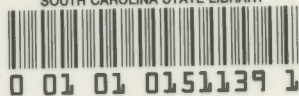
Includes Children's Unit readmissions at WSHPI.

Includes Santee-Wateree Non-Forensic readmissions to WSHPI.

The rate is the percentage of total psychiatric admissions that are readmissions for that fiscal year.

The percent is the percentage of total psychiatric admissions that are readmissions.

The variance is the difference between the FY 90 and FY 91 rates.



Psychiatric Readmission Rates to Psychiatric Hospitals
for Fiscal Year 1991

	FY 90 Rate	FY 91 Rate	Variance
Region A	68.7	1,313	64.7
Allen	28.3	103	21.5
Cassida	63.6	243	60.9
Columbia	71.1	760	69.7
Lexington	26.9	207	28.3
Region B	24.2	1,432	23.0
A-O-2	21.2	333	49.0
Buckman	27.9	286	22.1
Greenville/Fredmont	22.6	463	20.8
Spaulding	22.6	463	20.8
Printing Cost - S.C. State Budget & Control Board (up to 255 copies)	\$ 784.35		
Printing Cost - Individual Agency (requesting over 255 copies)	\$ 292.95		
Total Printing Cost	\$ 1077.30		
Region C	28.1	969	28.2
Free Pie	61.4	363	61.8
Greene-Watson	48.3	139	40.6
Tri-County	66.0	216	64.3
Waccamaw	23.2	251	27.6
Region D	24.9	633	22.8
Bethel	42.0	75	61.0
Charleston	26.8	282	24.7
Coastal Empire	25.6	142	23.6
Orangeburg	26.0	123	28.3
The State	26.6	4,239	27.7

SCDHH Psychiatric Readmissions:
Includes all readmissions to SCDHH, CSMH & BPHH.
Includes readmissions to HHS on psych papers.
Includes Children's State readmissions at WSHH.
Includes Greene-Watson non-formal readmissions to WSHH.
The rate is the percentage of total psychiatric admissions that are readmissions for that fiscal year.
The percent is the percentage of total psychiatric admissions that are readmissions.
The variance is the difference between the FY 90 and FY 91 rates.

